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**Challenges facing the implementation of community and home-based early
childhood development programmes for vulnerable children aged 0–4
years in the Western Cape and Eastern Cape, South Africa**

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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Abstract

Challenges facing the implementation of community and home-based early childhood development programmes for vulnerable children aged 0–4 years in the Western Cape and Eastern Cape, South Africa.

Marsha Orgill

This thesis examined the challenges facing the public sector implementation of community and home based early childhood development (ECD) programmes for vulnerable children aged 0-4 years in the Western Cape and Eastern Cape, South Africa. A qualitative case-study approach was used. The unit of analysis was the Department of Social Development (DoSD) as they are the public sector funders of non-profit organizations (NPOs) who deliver these services. The thesis included a literature review, a policy document review, and the collection and analysis of six interviews with officials involved in implementation of the National Integrated Plan for Early Childhood Development 2005–2010 (NIP for ECD). The data was organised using organizational coding and conceptually ordered displays, and analysed using the 5-C protocol of implementation as the overarching conceptual framework.

The findings of the study showed that the main challenges facing the DoSD in the implementation of community and home-based ECD are: (1) Human resources that are stretched to capacity at the provincial and district level, primarily social workers who are unable to manage current services; (2) inadequate line item funding to scale up the provision of services in order to fulfill the mandate of the NIP for ECD (2005); (3) a shortage of NPOs to scale up services, current service providers already suffer with their own capacity constraints; (4) a lack of norms and standards for funding community and home-based ECD; (5) the social sector currently prioritizes centre-based ECD (in terms of funding and training) over community and home-based ECD. Another critical shortcoming is a lack of information regarding provision of services and a lack of South African evidence based research to assist implementers in making rationing decisions at

the provincial level. Officials at the DoSD however display commitment to, and recognize the need to, support community and home-based ECD. The officials are however limited in doing so due to capacity constraints.

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List of tables

Table 1: Matrix for roles and responsibilities for the primary components of the NIP for ECD 2005–2010	9
Table 2: Province by conceptual category matrix	36
Table 3: Breakdown of Eastern Cape budget allocations and expenditure as received from an official at the Eastern Cape Department of Social Development	63
Table 4: Breakdown of Western Cape budget allocations and expenditure as received from an official at the Western Cape Department of Social Development	67

Content page

Title page	i
Declaration	i
Abstract	ii
Acknowledgements	iv
List of tables	v
Chapter 1 Introduction	1
1.1 Research question	1
1.2 Definition of terms	2
1.3 Outline of research methodology	6
1.4 Background to ECD policy in South Africa	7
Chapter 2 Literature review	15
2.1 Children in South Africa	15
2.2 The science of early childhood development	16
2.3 Current ECD service delivery in South Africa	17
2.4 Community and home-based ECD	18
2.5 Tshwarango Ka Bana Programme	22
Chapter 3 Theoretical framework	24
3.1 Implementation	24
3.2 The 5-C Protocol	25
Chapter 4 Research design	29
4.1 Study Site	29
4.2 Study design	30
4.3 Data analysis	33
Chapter 5 Study findings	39
5.1 Content	39
5.2 Context	46
5.3 Commitment	52
5.4 Capacity	54
5.5 Clients and coalitions	74
Chapter 6 Conclusion and recommendations	80
6.1 Conclusion	80
6.2 Recommendations	81

Bibliography	84
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Appendices	91
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Appendix 1: Interview schedule	
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Appendix 2: Eastern Cape budget data as received from Eastern Cape official at the Department of Social Development	94
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Appendix 3: Western Cape budget data as received from Western Cape official at the Department of Social Development	95
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Chapter 1

Introduction

Currently in South Africa a large number of young children are living in poor conditions which compromise their growth and development. A Unicef report (2007a:p.4) discussing children aged 0–4 years in South Africa reports that ‘fifty five percent of this child population is ultra poor, an estimated 200 000 have disabilities and 3.6 percent are HIV positive. Many more have parents and caregivers who are infected. Of the 5.16 million children in the age group, those who are poor, have disabilities and are infected or affected by HIV and AIDS are the priority target for government services.

One way of targeting vulnerable children aged 0–4 in South Africa by the South African government is through the development of relevant policy that targets and addresses the needs of vulnerable children. Of the many needs of vulnerable children, environments that are stimulating and opportunities for quality early learning are essential for children’s future development. It has been proven that early cognitive development is essential for one’s progression in life which ultimately will benefit the individual and society as a whole (Grantham-McGregor et al, 2007). A policy which aims to address Early Childhood Development (ECD) is the National Integrated Plan for Early Childhood Development in South Africa 2005-2010. One of the aims of the policy is to reach vulnerable children aged 0–4 whether they are in formal early childhood care or in homes.

Currently children aged 0–4 years in South Africa, who have access to ECD services, predominantly access these services through ECD centres or sites (DoE, 2001). Only 22 percent of children aged 0–4 years currently access ECD services in centres in South Africa (NIP for ECD, 2005). In the NIP for ECD (2005: p. 23) it is noted that:

‘it is anticipated that 50 percent of young children’s early childhood care and development interventions take place at household level through the intervention of parents, extended family members, older siblings and other caregivers. A further 30 percent access early childhood care and

development interventions at community level through play groups, community centres, etc. It is known that about 16–20 percent of young children are catered for in the formal service provision by ECD centres, crèches and pre schools.’

It is the aim of the NIP to address interventions at all three levels. The NIP 2005–2010 (NIP, 2005) documents that the primary components of the plan will be delivered in settings where children live and are cared for: in *homes* [authors emphasis]; formal ECD centres; community childcare centres; informal ECD settings; prisons; child and youth care centres and places of safety.

The objective of this thesis is to examine the public sector implementation of community and home-based ECD services for vulnerable children aged 0–4 years. This objective will be pursued by focusing on implementation by two provincial government departments, namely the Eastern Cape (EC) and Western Cape (WC) Departments of Social Development (DoSD).

The thesis focuses particularly on the process of implementation and its challenges, relating to community and home-based ECD early learning and stimulation services. ECD services are delivered in ECD centres or through community and home-based ECD programmes. This study focuses on the delivery of ECD through community and home-based programmes that aim to reach children in their homes and in communities.

1.1 Research question

- What is the nature of the implementation challenges facing the public sector, in particular the DoSD, in delivery of community and home-based ECD programmes?

Research objectives

- To investigate the make-up of challenges in the process of implementing ECD services by public sector departments.

- To relate these challenges to those experienced in the sector generally, as shown in literature.
- To provide a snapshot of the challenges facing the public sector in implementation of community and home-based ECD services.

1.2 Definition of terms

The terms used frequently in this thesis are described and explained below.

The National Integrated Plan for ECD 2005 – 2010

The National Integrated Plan for Early Childhood Development 2005–2010 (NIP for ECD) is the National Policy document governing the delivery of ECD services in South Africa. This thesis's main focus is on the National Integrated Plan for ECD (2005) and the DoSDs responsibility to ECD as stated in the NIP for (ECD).

Early Childhood Development

Early Childhood Development (ECD) is defined as 'the provision of physical, developmental, emotional, social, spiritual and moral development for children aged between zero and nine years' (Department of Education, 2001: p. 5).

In the Children's Amendment Act (Act No. 41, 2007),

91 (1) Early Childhood Development means the process of emotional, cognitive, sensory, spiritual, moral, physical, social and communication development of children from birth to school-going age.

(2) Early Childhood Development services mean services:

- (a) intended to promote early childhood development; and
- (b) provided by a person, other than a child's parent or caregiver, on a regular basis to children up to school-going age.

(3) An early childhood development programme means a programme structured within an early childhood service, to provide learning and support appropriate to the child's developmental age and stage.

Community and home-based ECD programmes

This thesis uses the definition of community and home-based ECD programmes as provided by Unicef (2007b). The definition is taken from a research project that was funded by Unicef, entitled 'Rapid assessment and analysis of innovative community and home-based childminding and ECD programmes in support of poor and vulnerable babies and young children in South Africa'. The parameters of the definition were decided on by reference group representatives of the project, as described below:

'the parameters were determined as being those aimed at forms of provision that are not required to register in terms of the Child Care Act of 1983. It would include family services, home visiting, informal playgroups, support to child minders caring for up to 6 children etc. This did not however preclude programmes using ECD sites (registered as places of care) as a springboard or resource to a wider range of programmes.' (Ibid, p.7)

Centres (definition given below) providing ECD programmes are required to register in terms of the 1983 ACT. Essentially community and home-based programmes aim to reach children who are not accessing ECD programmes in centres. A policy document titled 'ECD Centres as Resources of Care and Support for Poor and Vulnerable Children and their families' (DoE & DoSD, 2006) see a centre as the central point from which outreach services for children in communities and homes can be delivered. A common informal discourse employed to refer to community and home-based programmes in research projects and the grey literature (e.g. pamphlets, brochures and seminars such as the ECD knowledge building seminar, 2009) is by calling them 'non-centre-based programmes'. The term is also employed by officials at DoSD offices as well as Expanded Public Works Programme (EPWP) officials, as evidenced in the forthcoming transcript data.

An activity that is not regarded as a centre because there may be six or less children is referred to as child minding services. Child minders are people who care for children

during the day, but because they care for six or less children they would not be able to register as a centre and thus not apply for a subsidy, thus it is a form of non-centre based ECD.

Centre-based ECD

According to the Department of Social Development (2006: p. 7), an ECD centre is ‘any building or premises maintained or used, whether or not for gain, for the admission, protection and temporary or partial care of more than six children away from their parents. Depending on registration, an ECD centre can admit babies, toddlers and/or pre-school aged children. The term ECD centre can refer to crèche, day care centre for young children, a playgroup, a pre-school, after school care etc. ECD centres are sometimes referred to as ECD sites.’

Current subsidies to ECD centres are funded through the Expanded Public Works Programme Social Sector Plan 2004/5 – 2008/09. This particular EPWP budget line item falls under the Child Care and Protection Programme in the DoSD provincial budget. Biersteker and Streak (2008: p. 21) write that in relation to the EPWP plan, the Department of Social Development is ‘responsible for driving the initiative aimed at increasing the number of registered ECD sites for children aged 0–4, expanding the number of sites receiving the ECD subsidy as well as increasing the value of the per child subsidy paid to ECD sites.’

EPWP funding, however, is not used to fund ECD services for children not in centres. In the Western Cape, EPWP funds are earmarked for the purpose of the subsidy (Estimates of Expenditure 2009/10) under the Child Care and Protection sub programme. EPWP funds are not earmarked in the Eastern Cape but the EC ECD official was able to give us a breakdown of the EPWP allocations versus the line budget allocation.

This thesis is not focused on the support of the EPWP to ECD centres, but rather on support given by the DoSD to non-government organizations (NGOs) delivering community and home-based ECD services, which are currently not benefiting from an

ECD centre subsidy. The DoSD provides financial support to NGOs via service level agreements from line budget money.

Early learning and stimulation programme

Due to a lack of a definition of an early learning and stimulation programme within South African policy documents, this thesis provides examples as given by Biersteker (Unicef, 2007b: pp. 24–25) of the types of service goals that service providers are trying to reach in the delivery of early learning and stimulation programmes to children in homes and communities in South Africa. More specifically, this thesis recognises the following types of ECD provision, as described by Unicef (2007b).

- Empower those parents with low levels of education to strengthen bonds and prepare their own children for a positive school experience.
- Help children to reach their full potential by: providing safe places to play and quality play materials to stimulate skills, allowing emotional expression, and monitoring and assisting play
- Stimulate children, encourage parent/child interactions and encourage parents to bring children to Come and Play library.
- Help parents to help their children to enjoy books and reading, and to prepare children for learning to read and write.
- Provide areas for children to play while their parents are receiving counseling or at meetings, and provide practical frameworks for parents.

A limitation to this study is that it is problematic to investigate increasing access to quality early learning programmes in isolation from the other NIP for ECD (2005) components, because at times various components are delivered concurrently through one intervention. In delivering early learning programmes to children and caregivers in homes, the community workers/outreach workers may also give people information regarding referral services to health care and explain procedures for accessing social grants and so on. . An example is the Masithete intervention, which was designed by the Early Learning Resources Unit (ELRU), an NPO. The Masithethe Series utilizes seven A4 handbooks and two posters to encourage people at home to talk about issues that

affect their children, through the use of family and community motivators. The intervention operates under the premise that ‘77% of children under the age of four do not attend pre-school’ (ELRU, Masithethe Pamphlet, n.d.). The intervention uses family and community motivators who are members of a community, and who visit homes where young children live in poverty. The handbooks which are used to aid discussion cover topics such as:

Lindiwe’s story: Focuses on the challenges faced by a young mother when her baby gets diarrhea.

You are the child’s first teacher: Introduces ways in which caregivers can help young children to learn and grow with confidence and concern for others.

Food for life: Encourages discussion around nutrition, health and hygiene for babies and young children.

First steps help your baby learn: Introduces ways in which caregivers can help lay the foundations for early literacy and numeracy.

Let’s protect our children: Helps caregivers to identify the signs and symptoms of child abuse, and to work together as a community to prevent abuse and create a child-safe environment (ELRU, Masithethe Pamphlet, n.d.).

1.3 Outline of research methodology

This study’s assessment of the implementation challenges facing public sector ECD delivery employed case studies which focused attention on the activities of relevant government departments. Babbie and Moutton (2001: p. 279) write that ‘case study designs are more often used when the researcher is interested in a more clearly delineated entity (such as specific household, family, institution or organisation).’ The organisation in this instance is the DoSD, which forms the unit of analysis. One can analyze case study findings by testing your findings for a fit with previous knowledge, research and theory, and also by showing linkages between your findings and previous knowledge (Babbie & Moutton, 2001). The theoretical framework used in this thesis for analyzing the findings is known as the 5-C protocol (Brynard & de Coning, 2006). Brynard and de Coning (2006: p. 182) write that ‘a common theoretical framework for implementation has not yet been developed; however across disciplines five interlinked variables known as the 5-

C protocol of policy implementation have been, based on research, acknowledged. These variables are content, context, commitment, capacity, clients and coalitions.’

The WC is home to 493 900 children aged 0–4 years, that is equivalent to 9.21 percent of the Western Cape’s total population (Statssaa, 2009). The EC is home to 734 300 children aged 0–4 years, that is equivalent to 11 percent of the Eastern Cape’s total population (Statssaa, 2009). At the end of November 2008, the EC DoSD was, through a means test, subsidising 72 800 children aged 0–4 years in centres (EC DoSD official: March, 2009). The Western Cape, in April 2009, was subsidising 55 399 children aged 0–4 years in centres (WC DoSD official: March, 2009). This thesis was unable to locate any estimates of the number of children being reached through community and home-based ECD programmes. The DoSD did not have this data as they do not currently monitor the figures. However, we know that current community and home-based services are infinitesimal in relation to need (Unicef, 2007).

1.4 Background to ECD policy

Biersteker and Streak (2008) note that the primary policy documents governing the delivery of ECD in South Africa are the:

- National Integrated Plan for Early Childhood Development in South Africa 2005–2010 (NIP)
- The Expanded Public Works Programme Social Sector Plan 2004/5–2008/9
- The Massification of Early Childhood Development Concept Document (2006).

A policy document entitled ‘ECD Centres as Resources of Care and Support for Poor and Vulnerable Children and their families (including OVCs)’ is another important concept document. Biersteker and Streak (2008) note that this programme shows how a full continuum of services for the NIP may be provided from a service node (a centre).

Early Childhood Development, as stated in the NIP 2005–2010, ‘refers to a comprehensive approach to policies and programmes for children from birth to nine years of age, with the active participation of their parents and caregivers. Its purpose is to

protect the child's rights to develop his or her cognitive, emotional, social and physical potential.' (2005: p. 14) The plan hopes to ensure that vulnerable children aged 0–4 are identified and reached. Vulnerable children are identified as children who are orphaned; children with physical disabilities and incurable diseases; children infected and affected by HIV and AIDS; children from dysfunctional families; children in homes headed by other children and children from poor households and communities.' (NIP for ECD, 2005: p. 11)

The NIP is comprised of primary and secondary components. The NIP takes into account children's basic needs and rights, thus the primary components of the plan are as set out in Table 1. This thesis focuses on early learning and stimulation programmes (highlighted in Table 1) delivered to caregivers or their children aged 0–4 years who are not accessing services at ECD centres. It focuses on delivery to children through community and home-based ECD programmes, and the challenges faced by the Department of Social Development in supporting them.

Table 1: Matrix of roles and responsibilities for the primary components of the NIP for ECD 2005–2010

Components	Strategies	Lead departments	Financial implications
Ensure universal birth registration	Register all children at birth or at least within one month of the birth. Strengthen mechanisms for late registrations.	Home Affairs	
Integrated management of childhood illnesses	Prevention, treatment, care and support for children suffering with childhood illnesses, including HIV and AIDS, communicable and non-communicable chronic conditions. Set up inter departmental systems for the management of childhood illnesses.	DoH, DoSD, DoE, NGOs	
Promote healthy pregnancy, birth and infancy	Strengthen access to quality antenatal care, labour practices and	DOH, local authorities	

	child health care services.		
Immunisation	Increase immunization coverage in all provinces in order to decrease morbidity and mortality rates.	DoH, DoSD, DoE and all related organizations	
Nutrition	Promote breastfeeding and supplementation within the Breast Feeding Policy Framework. Ensure that all children have access to daily balanced nutrition.	DoH, DoE, DoA and DoSD	
Referral services for health and social services	Ensure that all children are cared for and protected. Ensure that all eligible children have access to the appropriate grants with accompanying services.	DoSD, DoE, DoH, DPLG, and related organizations	
Increase access to quality early learning programmes	Expand and strengthen programmes for children and their families, ensuring that all children aged 0–4 years have access to quality ECD.	DoE, DoSD, NGOs and CBOs	
Development and implementation of psychosocial programmes	Ensure development of social and emotional skills.	DoSD, DoE, DoH, DPLG, and related organizations	

Source: Government of South Africa (2005)

According to the NIP, the DoSD, the DoE, NGOs and Community Based Organisations (CBOs) are required to collaborate in providing early learning and stimulation services to children aged 0–4 years. This requires that they ‘expand and strengthen programmes for children and their families, ensuring that all children aged 0–4 years have access to quality ECD’ (NIP, 2005–2010: p. 19).

Even though the NIP adopts a highly integrated strategy comprising the Department of Health (DoH), DoE, DoSD, the non-profit sector and communities, it is clear that the DoSD shoulders the greatest burden in terms of delivering ECD in homes and communities for 0–4 year-olds. The NIP for ECD (2005) notes that the DoE, as per

White Paper 5 on Early Childhood Development (2001), primarily focuses on the provisioning of children in Grade R. In terms of 0–4 years, the policy advocates a system of inter-sectoral provisioning.

‘The Department of Social Development is responsible for providing for children from birth to five and these are the children legislated for under the Children’s Act. The Department of Education is responsible for children in Grade R (the reception year for six-year-olds before primary schooling).’ (Loffel et al, 2008: p. 49).

Provincial departments were selected as the unit of analysis as they are identified in the NIP for ECD (2005) as the main drivers of ECD delivery. Funding for the ECD sector for children aged 0–4 years is reliant on DoSD provincial expenditure, although the sector does get funding from donors and private individuals.

Community and home-based ECD programmes are the unit of observation. Provincial departments are not directly involved in the physical delivery of ECD. As noted in the Guidelines for Early Childhood Development Services (DoSD, 2006), some of the listed roles and responsibilities of the provincial Departments of Social Development are:

- To promote the importance of early childhood development services in the province.
- To seek concrete ways of inter-sectoral collaboration and integration in early childhood development service delivery with the provincial departments of Education and Health and any other department or non-governmental organisation that contributes to services to young children and their families. As appropriate, to develop a provincial integrated plan for early childhood development services in partnership with the provincial departments of education and health.
- To establish mechanisms and programmes to facilitate capacity development in early childhood development service delivery in the province.

- To provide support and guidance to early childhood development service providers in the province.
- To appropriate a provincial budget for ECD services through the annual budget vote in the provincial legislature.
- To allocate a provincial budget for support to early childhood development services, this shall include services to families and services to community based programmes.

Physical delivery of home and community-based ECD for vulnerable children is primarily delivered through the non-profit sector and community provision, as described below:

‘The non-profit sector plays a major role in ECD. Most of the places in early learning sites and programmes across South Africa have been initiated by the non-profit sector working with communities. ECD non-governmental organisations in South Africa have accumulated expertise in the ECD field, giving them a rich legacy of innovative and creative experience with regards to ECD services. The government sector will tap into this expertise in developing and implementing this integrated approach.’ (NIP for ECD, 2005: p. 7)

The initial premise for this thesis was a question I reflected on: is it equitable that some vulnerable children receive subsidised services in centres and others do not? One of the principles guiding the vision of the NIP is equity.

Former President Mbeki also gave mention to ECD in his State of the Nation address of 8 February, 2008. Many policies and much effort have been put into the policy formulation process, as evidenced by the Children’s Amendment Act (No 41. of 2007) and the many policies that address ECD 0–4. However Schneider et al (2001:p.727) citing Reich (1995:p.72) write that ‘political will assumes that decisions of political leaders are both necessary and sufficient for major policy change ...[it] posits a technocratic approach

with a rational actor model of decision making, and assumes a strong state, good institutional capacity and adequate political capital.’ Simply put, just because ECD has been highlighted as an APEX priority (assigning an item this status by national government is an indication that it is high on the policy agenda) does not mean that the institutions of the state will have the necessary capacity to successfully implement ECD policy.

Biersteker and Dawes (2008:p.4) write that

‘both wellbeing and well-becoming orientations are buttressed by child rights arguments. While children have a right to be prepared for a full and positive role in society as adults, they also have a right to physical and mental wellbeing while on this path, as well as to the services necessary for this to occur. The Convention on the Rights of the Child (CRC) and the South African Constitution recognize the need to secure the wellbeing and future development of all children, particularly the young.’

The Presidency (2009: p.133) reports that the DoE does capture information on the education system in South Africa, ‘however this information system does not cover education forms out of the formal system, thus little is known, for example, of ECD programmes run by non-registered entities; which in fact may play more critical roles in providing early childhood development services to young children.’ This leaves a huge gap in knowledge about the delivery of home and community based ECD. This thesis aims to give some insight from the perspective of implementers regarding the delivery of community and home-based ECD. The current state of service delivery will be discussed in the literature review.

Currently twenty two percent of 0-4 year olds are being reached in centres and some children are being reached in communities and homes through NPOs, but the current reach of these services is infinitesimal in relation to need. This thesis seeks to investigate the main challenges facing the DoSD in scaling up community and home-based ECD

programmes for vulnerable children aged 0–4 years, in order to determine the challenges facing them as one of the implementers of the NIP for ECD (2005). It is hoped that their voices at provincial level will be heard in order to support scaling up.

1.5 Layout of the thesis

Chapter 1 has given a general introduction to the topic area and research question being examined by this thesis. Chapter 2 is a literature review which discusses children in South Africa, the science of ECD and current service delivery realities. Chapter 3 is the theoretical framework which presents the logic and argument around the 5-C protocol and also discusses some additional thinking on implementation theory. Chapter 4 is the research design and methods chapter which explains explicitly how the research was carried out. Chapter 5 presents findings which critically examined the transcript data and literature in ECD within the context of the 5-C protocol theoretical framework. Chapter 6 provides the conclusion and recommendations.

Chapter 2

Literature review

This chapter will review literature relevant to ECD in South Africa.

2.1 Children in South Africa

At an International Society for the Study of Behavioural Development (ISSBD) conference in Wurzburg, Germany, Dawes and Biersteker (2008) provided a snapshot of child vulnerability in the 0–4 year-old group, in South Africa. Two thirds of 0–4 year-olds live in poverty in South Africa (< \$2 000 US p.a). Twenty five percent are stunted or compromised by foetal alcohol syndrome (FAS) and the child mortality rate is 57.6 per 1 000. Of this group, 3.7% are HIV positive and only a few are on anti-retroviral treatment (ART). Two percent are orphaned and 0.2% live in child-headed households, and many live in situations where care-giving is compromised.

Save the Children Fund UK (2008: p. 8) notes that it is often surprising that some low income countries are making more progress than their middle income neighbours; ‘South Africa for example, has experienced an increase in child deprivation in recent years, largely due to increasing income inequality, the rising cost of education and the high incidence of HIV and AIDS’.

One must note though that South Africa has made notable strides in attempting to improve the lives of children in South Africa through the provision of the Child Support Grant , ‘the grant reached just over 8.1 million children by end January 2008’ (Giese: 2008, p. 17).

2.2 The science of early childhood development

Penn (2004) notes that the World Bank, the World Health Organisation (WHO), Unicef and Unesco have all emphasized the importance of ECD in improving physical and psychosocial wellbeing and in promoting cognitive gains in young children, and in directly or indirectly combating poverty.

Grantham-McGregor et al (2007:p.60) write that ‘many children younger than five years in developing countries are exposed to multiple risks, including poverty, malnutrition, poor health and unstimulating home environments, which detrimentally affect their cognitive, motor and social emotional development’. They observe that more than 200 million children fail to reach their full potential in cognitive development because of poverty, poor health and nutrition, and deficient care. These authors note that if a child’s potential is lost, it will affect their later earnings and will impact on the intergenerational transmission of poverty; this in turn will impact on the national development goals of any country. It is further noted that improving early childhood development impacts on a child’s ability when starting primary school, thus improving early childhood development is an important step to meeting the UN Millennium Development Goal of all children completing primary school.

Through ECD services children can receive essential early learning and stimulation to promote early cognitive development, which would dramatically increase their earning potential later on in life (Grantham-McGregor et al, 2007). Eming, Young and Mustard (2008: 71) discuss the case for investment in ECD, ‘Established and emerging evidence about brain development in the early years reinforces that quality early childhood development programs are a key societal imperative’. They note that scientists have shown that brain development is experience-based and has long lasting effects, also that environment and experiences beginning *in utero* not only effect brain development but also physical and mental health, learning and behaviour for a lifetime. The early years of life have effects on early learning, education, well-being and health for life. Some of the main points Eming, Young and Mustard (2008) highlight are that ECD programmes involving parents and key care providers are essential to improve quality and capacity of populations.

Hill et al (2004), in a policy briefing, write, based on Penn (2004), that one should though be cautious about simply adopting western science into developing country settings. They caution that most research on child development has been conducted in the North, primarily in the United States, where the situation of a child may be considerably different than in the context of a developing country. These authors further note that

many of the studies proving the efficacy of ECD have had high levels of human, financial and time inputs; the lack of these inputs in the South will necessarily reduce this effectiveness. In countries like the USA and Canada, where home services such as home visiting and parent support for ‘multi problem’ families is available, Hill et al (2004:p.2) note that the ‘administration and regulation of the system tends to be *ad hoc*, lacking coherence and often inefficient.’

2.3 Current ECD service delivery in South Africa

Even though existing government budgets are not able to meet targets, there have been increases for ECD. Biersteker (2008a:p.9) writes that ‘budget allocations for ECD subsidies and training have significantly increased, resulting in *increased access to subsidized* [authors emphasis] ECD and to training, and DoSD and DoE at national level have collaborated in the budget process.’ Biersteker (2008a) further notes that the subsidy budgets have more than doubled from R422 million in 2007/08 to R900 million for 2008/9. However, Biersteker (2008a) warns that in order to scale up services relative to the target population, substantial funding is still needed, ECD practitioner salaries are not included in the budget formula, and it is unclear as to who will pay for infrastructure. A particular point that is important in the context of this thesis, as noted by Biersteker (2008a:p.9), is that:

‘Very little public funding has yet been made available for home and community ECD programmes, partly because these services are still being conceptualized and there are no funding norms for home and community based ECD services. These are central components of the strategy to expand access and quality.’

One will note the emphasis placed above on an increase in subsidized services, this means there has been an increase in subsidies to centres, which does not impact on funding for community and home-based ECD.

Provinces share responsibility with national government in providing welfare services for children. In 2006, a costing (Budlender, 2006) was done in order to determine the cost of implementing the new Children's Amendment Bill (which at the time was being debated) and the existing Children's Act (2005). Budlender (2006) writes that upon doing the costing, they found that existing government budgets only covered 25 percent of the services set out in the Child Care Act of 1983; this means that government is not fulfilling its mandate in terms of the old Child Care Act. This has huge implications, because the new Children's Amendment Bill will have added additional services, such as more ECD coverage, at the same time that government cannot provide services that are required under the old Child Care Act. There are huge discrepancies between provinces as well. Problems are not only monetary, insufficient human resources in the form of social workers, and not enough NGOs and CBOs to deliver these services, are some of the pressing problems.

There are currently no minimum national norms and standards for funding different types of childhood development programmes; that is there is no national minimum funding being announced by the Minister of Social Development for a financial year on the amount to be provided for these alternate services (Unicef, 2007b).

2.4 Community and home-based ECD

'The Children's Amendment Bill 19B of 2006 (Republic of South Africa, 2006) and the Guidelines to ECD Services (Department of Social Development, 2006b) privilege the ECD centre model and do not reflect other types of services. This includes the lack of a regulatory and support framework for household-based types of programmes, which is essential if a quality service is to be rendered. However, regulations under the Act, which are still in development, may to some extent provide an opportunity to address these issues.' (Biersteker & Streak, 2008: 24)

As will be shown in the findings section, Biersteker¹ made a submission to go into the regulations under the Child Care Act that would be more explicit in recognizing home and community-based ECD and more explicit in terms of funding, however it did not get past the legal drafters. At present, regarding funding, the Children's Amendment Act (No 41, 2007) notes in Section 93 (1) that the MEC [Minister of the Executive Council] for Social Development may, from money appropriated by the relevant provincial legislature, provide and fund early childhood development programmes for that province. Note that it says *may* and not *must*.

However, it must be noted that, as Proudlock and Jamieson (2008) write, 'the Children's Amendment Bill is a remarkable step towards the realization of a preventative and developmental approach to social services.' ECD programmes are among the programmes included in these services. Proudlock and Jamieson (ibid: p.1) write further that the government has made a legislative commitment to provide these services through funding the non-profit organizations (NPOs) who currently deliver many of these services. The programmes considered in this thesis are delivered through the NPO sector.

It is positive to note that the legislative commitment has been made to implement ECD. However the DoSD faces 'multiple, inter-related challenges to the delivery of social services to children in South Africa (Giese, 2008: p. 19). Giese (ibid) highlights five key challenges:

(1) Shortage of social service practitioners

The shortage of social workers is a national crisis and that creative solutions are needed to solve these problems. The recognition and remuneration of a broad range of social service providers, such as social auxiliary workers and child and youth care workers, is needed in order to assist the social workers with some of the work they traditionally do.

(2) Inappropriate use of the child protection system

¹ Personal communication email 02/03/2009

In some instances relatives are increasingly attempting to ‘foster’ children through the courts in order to obtain access to the foster care grant. This massively increases social workers case loads and essentially ‘squeezes out all other services’ (ibid, p. 20).

(3) Marginalisation of prevention and early intervention services

Statutory protection services or alternative care are often seen as more critical than prevention and early intervention services. This results in early intervention services being cut first. Early intervention and prevention services though can save the government money in the long run as they can prevent dependency on the state in the form of alternative care and rehabilitation in the long run.

ECD is an early intervention service and the marginalization of early intervention services will thus be a worrying concern for the sector.

(4) Inadequate funding for NPOs and community based initiatives

These organizations perform many of the service functions of government and yet many do not have proper service level agreements with government and also often find it difficult to access subsidies from government. As a result they are given inadequate support and community resources are stretched to the limit.

(5) Poor interdepartmental collaboration

Poor interdepartmental collaboration can lead to costly inefficiencies in the system. When all departments do not deliver on their assigned roles, this increases the burden of an already under resourced DoSD.

The Alliance for Children’s Entitlement to Social Security (ACCESS) which is an alliance of more than 1 500 children’s sector organizations drawn from all nine provinces in South Africa held a national conference in July 2008 to review the comprehensive social security needs of young children, aged 0–9 years. ACCESS highlighted some of the current policy and service delivery gaps in ECD in their ‘Memorandum of Minimum Obligations’ (n.d) necessary to realize the rights of young children (0–9) ... so as to ensure that they develop to their full potential. This document was an outcome of the conference held in 2008. Some gaps related to ECD were identified as:

- Funding for ECD centres is inadequate to cover equipment and salary requirements. ECD centre-based services, programmes and schools are frequently overcrowded, understaffed and occur in facilities of poor quality. It is estimated that only 20–22% of children are in ECD facilities
- There are no funding norms for home and community-based ECD programmes.
- There is a lack of information on quality and a lack of human resource capacity to monitor and support the ECD education programmes (including non-centre-based early stimulation programmes for caregivers and Grade R). These programmes do not receive regular monitoring and support.
- ECD community forums are unfunded and sometimes struggle to have an impact.
- It is difficult to manage ECD centre-based services and programmes due to poor fiscal planning and administration on the part of the relevant government department.

Unicef (2007) investigated the current state of provisioning for children in home and community-based care and found that the provision was infinitesimal in relation to need. In the rapid assessment and analysis of innovative community and home-based child minding, Unicef (2007) states that policy documents do show that there is a need and willingness for integrating servicing at a household and community level, as well as in formal ECD institutions. Unicef (2007: p. v) highlights that there are a number of issues and gaps to be resolved to mainstream home and community-based ECD programmes:

- There is no specific mention of these types of programmes in the Children's Amendment Bill or ECD guidelines which still privilege the ECD centre model.
- There is no regulatory and support framework for these types of programmes and current funding norms for the Department of Social Development do not provide for these initiatives.
- These policies require a high level of integration within and across departments and levels of government, as well as with civil society role players, and integration mechanisms are not yet provided for.
- Proposals for new ECD jobs and training for workers need to be concretised.

On reflection of community and home-based childminding services Unicef and Biersteker states: ‘the service goals given by the providers can be broadly categorised into helping young children access their rights using ECD sites as resources for care and support in the community, testing models for integrated approaches, early intervention for children with disabilities, child protection, household support, early learning stimulation, and support for OVC and child minders. The unit of reach varied depending on the programme and included villages, districts, caregivers trained, households and children. In the absence of information on the outcomes of the programmes, this measure is helpful only because it indicates that the total reach of all these programmes is infinitesimal in relation to the number of vulnerable babies and young children in South Africa.’ (Unicef & Biersteker, 2007: p.vi) This is a very important point as it highlights the fact that not nearly all vulnerable children in South Africa are being reached through current home and community-based service provision.

The Provincial Department of Education’s responsibility in relation to ECD 0–4 years is given through the Expanded Public Works Social Sector Plan 2004/5 – 2008/9. Their responsibility is to ‘finance trainers of ECD practitioners, payment of stipends to learners, and development and dissemination of teaching and learning materials’ (Streak & Norushe, 2007: 9).

2.5 Tshwarango Ka Bana Programme

The Tshwarango Ka Bana Programme (attached to the NIP document) is the implementation arm of the NIP for ECD (2005), which will assist government to put in place systems, mechanisms and policies for institutionalising the NIP for ECD. Essentially, Tshwarango Ka Bana is aimed at providing integrated services for children from birth to four years, in order to deliver the primary components of the NIP, as mentioned before in this thesis.

The idea of this part of the plan is that it will facilitate putting in place structures and plans so that children aged from birth to four can access integrated services in a coordinated manner. ‘The setting up of resources, systems and structures will involve

providing human resources and identifying sites, centres and homes. It will also include training at different levels, research and monitoring and evaluation' (NIP, 2005: 34). The Tshwarangano Ka Bana plan recognises that development in children straddles a continuum of intervention. Interventions occur in households, communities, and in more formal ECD settings such as crèches, preschools and day care centres.

Biersteker and Dawes (2008) assert that because of the positive associations of parent involvement in education with positive child development, the NIP for ECD (2005) has incorporated outreach programmes to reach not only parents who have children in ECD centres, but also parents who don't have children in ECD centres. Several of the programmes are run by NGOs.

At a political level, the government has declared that ECD is a priority as ECD is identified as an APEX priority. The Children's Amendment Bill and the NIP for ECD (2005) embrace strategies that can address the problem, however we seek to contribute to the literature as to whether the government has allocated and released public budgets commensurate with the problem's gravity, however based on the costing of the Children's Bill (2006) this does not seem likely. This study will try to determine to what extent non-centre based ECD provision is a priority issue.

Chapter 3

Theoretical framework

3.1 Policy Implementation

'Policy implementation encompasses those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions' (Van Meter & Van Horn, 1974: pp.447–448) cited in Brynard & de Coning (2006:p.183). Furthermore, Brynard and de Coning (2006:p.180) write that 'policy implementation is a multi-faceted concept, attempted at various levels of government and pursued in conjunction with the private sector, civil society and NGOs'. Brynard and de Coning (2006) note that in South Africa there has been a move to the integration of services across departments, this has proved challenging in many cases. South Africa has adopted a cluster approach; this is evident in the case we are using in this thesis; the Social Sector Cluster comprising the Department's of Health, Education and Social Development is charged with delivering inter-departmental social services, including Early Childhood Development. In South Africa macro-strategies and national development plans are developed to guide implementation, in the case used in this thesis the national development plan to guide implementation is the National Integrated Plan for Early Childhood Development 2005–2010, as well as the Guidelines for Early Childhood Development Services (DoSD, 2006). This study aims to unravel the implementation challenges faced by the DoSD.

'In understanding implementation as a complex political process, rather than a mechanistic administrative one, the study of implementation becomes an attempt to unravel the complexity of following policy as it travels through the complex, dynamic maze of implementation; to understand how it changes its surroundings and how it is changed itself in the process; and, most importantly, to see how it can be influenced to better accomplish the goals it set out to achieve. While the maze through which policy travels in the course of its implementation is unique to each situation, the synthesis of the accumulated scholarship on the subject

suggests that critical variables which shape the directions that implementation might take are identifiable.’ (Brynard, 2005: p. 658)

3.2 The 5-C protocol

Brynard and de Coning (2006:p.182) observe that a common theoretical framework for implementation has not yet been developed; however across disciplines five interlinked variables known as the 5-C protocol of implementation have been acknowledged. These variables are content, context, commitment, capacity, clients and coalitions. This thesis critically analyses the implementation of ECD home and community-based ECD programmes using the 5-C protocol as a conceptual framework to guide analysis.

Brynard and de Coning (2006) write that each of the five variables are linked to each other and influenced by each other. The *content* of the policy itself is what it sets out to do (i.e. goals); how directly it relates to the issue (i.e. causal theory) and how it aims to solve the perceived problem (i.e. methods). The content of policy is important because it is a statement of the government’s intent. According to Brynard and de Coning: (2006: p. 197) ‘there is widespread implicit realization that the content of policy is important not only in the means it employs to achieve its ends, but also in its determination of the ends themselves and in how it chooses the specific means to reach those ends.’

The nature of the institutional *context* is how policy travels through the system, who is responsible for what function, which department must do what, these features are often structured as standard operating procedures. It also considers the boundaries of implementation.

‘A favourable bureaucratic environment is needed in which policy implementation can occur; often the best environments grow out of human interaction rather than hierarchical regulations’ (Warwick, 1982: p.188) cited in Brynard & de Coning (2006:p.198). Brynard and de Coning (2006) write that the context of implementation refers in part to the broader social, economic, political and legal realities of the system, context also refers

to the institutional corridor (including all departments and people) through which implementation must pass. All of these factors can affect implementation.

The *commitment* of those entrusted with carrying out the changes desired of them is integral to implementation. Commitment at all levels is very important for successful implementation, Brynard and de Coning (2006:p.198) write that both bottom up and top down scholars recognize the importance of commitment. Top down scholars would argue that 'policy should be made 'at the top' and executed by 'agents' in compliance with policy objectives' (Barret, 2004: p. 255). Barret (ibid) writes that 'the bottom up 'camp' was associated with those espousing a micro-political view of intra- and inter-organizational behaviour, and included a range of models, some emphasizing consensus building, influence and exchange processes (persuasion, positive sum negotiation and learning), and others emphasizing conflict and the exercise of power (zero-sum negotiations and power bargaining) in the policy action relationship'.

Top down scholars would see commitment as fashioned by the content of policy and its capacity provisions, whereas bottom up scholars would see it as more influenced by institutional context; clients and coalitions, while still recognizing the influence of content and capacity. Brynard and de Coning (2006:p.199) write that commitment is influenced by all four variables; any person interested in 'fixing' an implementation process should be cognizant of these linkages.

The administrative *capacity* of implementers to carry out the changes desired of them is integral for implementation. Brynard and de Coning (2006) suggest that capacity is the structural, functional and cultural ability to implement the policy objectives of government. It includes such tangible items such as human, financial, material and technological resources. There are also intangible requirements such as leadership, motivation and willingness to name a few. Different institutional environments need to be conducive to supporting these requirements.

‘Resource provision deals with questions of who gets what, when, how, where and from whom. The critical question then in understanding how capacity may influence implementation effectiveness is not simply one of what capacity is required and where, but also of how this capacity can be created and operationalised.’ (Brynard & de Coning, 2006: p. 200)

They write further that the state should acknowledge its capacity constraints and need not perform all functions. There are many available different service delivery mechanisms available, that can produce services for them on their behalf. In this thesis it is found that NPOs are the service delivery mechanism of choice of the state in the delivery of home and community-based ECD provision.

Clients and coalitions are needed to support the implementation process. Brynard and de Coning (2006) state these can include interest groups, opinion leaders and other actors who assist with implementation. One must consider the critical clients and coalitions when doing implementation research; however one should be careful not to become overly concerned with every single actor out there. There are however some actors who do and should have the ability to influence the implementation process. Brynard and de Coning (2006) write that one should consciously consider who the critical actors are in studying the implementation process.

Barret (2004) writes that an over-interest in public service reform strategies has changed the focus from implementation studies to a focus on change management and performance targets. This she says has resulted in the reassertion of normative, top down process of policy implementation. Barret (2004:p.251) writes that as early as the 1960s, studies in the USA started showing that ‘in spite of a plethora of policies and plans, ‘performance more often than not still seemed to fall short of policy expectations’. Thus the process of implementation emerged as highly important on the agenda.

Barret (2004) notes that in her own and Fudge’s (1981) work titled ‘Policy and Action’ they challenged the notions of hierarchical relations between policy making and

implementation, because they believed that implementation was rather a continuing part of the political process. Implementation is ‘negotiated order’ involving multiple actors, rather than simply a top down directive. Actors involved in implementation use discretionary power ‘in the absence of clear policy rules or to negotiate policy modification in action.’ Barret (2004: p.254) observes that:

‘rather than asking whether and how a particular policy has been implemented, or comparing outcomes against original policy objectives, which assumes *a priori* a causal link between the policy and outcomes observed, implementation studies needed to start with what was actually happening at delivery/recipient level (the ‘bottom’) and explore why from the bottom up.’

Barret (2004: p.259) argued for a revival in implementation studies and argued that one aspect that needs further understanding is that of process as an essential part of capacity building, addressing questions such as: Is this doable? How might it work? What would it take?

This thesis makes an attempt to understand implementation from the perspective of the DoSD as implementers of national policy from the bottom up. At the same time, realizing that simply because there are targets and outcomes prescribed in national policy does not mean that implementation will happen this way, or that implementation can only be understood by measuring whether these targets have been met. The thesis makes an attempt to determine whether home and community ECD programmes are doable, how they may work and ultimately to infer – based on the findings – what it may take to improve implementation.

This thesis does not assume that implementation is only happening if targets are being met as this thesis is not an effectiveness study. Rather we look at the challenges facing implementation while it is happening during the action/process of implementation.

Chapter 4

Research design

This thesis is a qualitative enquiry. Qualitative data is a good source of rich data within specific contexts, according to Miles and Huberman (1994:p.1), 'qualitative data ... are a source of well grounded, rich descriptions and explanations of processes in identifiable local contexts.' Qualitative techniques were employed to conduct the research in the form of a semi-structured questionnaire; and the use of conceptually ordered displays (Miles & Huberman, 1994) and coding strategies (Maxwell, 2005) were employed in analyzing the transcripts.

The two case studies for this thesis were pre-selected, the data was collected as part of a larger Human Sciences Research Council (HSRC) study entitled 'Scaling up ECD (0–4) years in South Africa: Governance and Budgeting for Implementation with the spotlight on the EPWP ECD Initiative'. This larger study sampled the Eastern Cape and Western Cape and was a follow-up of an earlier study by the HSRC conducted in 2007 (Streak & Norushe, 2007). This thesis however did not focus on the EPWP.

Case studies were used, Babbie and Moutton (2001:p.279) write that 'case study designs are more often used when the researcher is interested in a more clearly delineated entity (such as a specific household, family, institution or organisation).' In this thesis, the organisation known as the DoSD is the unit of analysis and we were specifically interested in the DoSD as an entity in delivery.

4.1 Study site

The larger research project was conducted in March 2009 in the Western Cape Province, South Africa (inclusive of data collection for this project). Face-to-face interviews were conducted with ECD officials at the DoSD offices in the Western Cape. In the Eastern Cape, due to budget constraints, telephone interviews were conducted with DoSD officials charged with implementation of ECD.

As part of the larger study, interviews were also conducted with officials working for the EPWP and DoE, as these officials are also charged with expanding ECD under the banner of the EPWP Social Sector Plan 2004/5–2008/9 and the NIP for ECD (2005). However, as noted earlier, the DoE mainly focuses on the provision of funding for children in Grade R (the pre-reception to school year). They do however fund the training of ECD practitioners (for centre based ECD) which cover 0–4 year-olds, as well as Grade R. EPWP funding, as part of the DoSDs budget allocation, is to provide subsidies for the delivery of centre-based ECD. However, due to these officials' knowledge of the ECD sector as a whole, and because of their working relationship with the DoSD in implementing the overall ECD mandate (NIP for ECD, 2005) and the EPWP Social Sector Plan 2004/5–2008/9, the interviews provided an opportunity to ask about home and community based ECD, even if they were not directly involved in this form of delivery, because I felt they may have some input. These transcripts were also analyzed as part of this thesis to code for any relevant comments made regarding home and community- based ECD projects.

4.2 Study design

The DoSD is the unit of analysis, as it is one of the role-players identified in the NIP for ECD (2005) to ensure delivery of ECD services to children aged 0–4 in communities and homes. This department was chosen as the unit of analysis because it is the funding agent for NPOs who physically deliver home and community based ECD programmes for vulnerable children aged 0–4, from a line budget allocation which is separate from the Expanded Public Works Programme (EPWP) ECD allocation. In the Western Cape, EPWP funds are shown as earmarked in the Estimates of Expenditure 2009/10; they are not shown as earmarked in the Eastern Cape. We requested the EC official to show us the spilt during the research process.

Purposeful selection was used to select respondents for the study. Purposeful selection is also known as purposeful sampling: it is 'a strategy in which particular settings, persons, or activities are selected deliberately in order to provide information that can't be gotten as well from other choices' (Maxwell, 2005: p. 88). The respondents were:

- (1) One interview with two ECD officials at the provincial DoSD in the Western Cape.
- (2) One interview with an ECD official at the provincial DoSD in the Eastern Cape.
- (3) One interview with an EPWP official at the provincial Department of Public Works (DoPW) in the Eastern Cape.
- (4) One interview with an EPWP official at the provincial DoSD in the Western Cape.
- (5) One interview with a DoE official in the provincial DoE in the Western Cape.

Respondent numbers 1 and 2 were most relevant to my study because they are charged with managing funding for NPOs as well as registering NPOs in order to receive funding for the delivery of home and community based ECD programmes. These officials also administer EPWP funds for ECD. Only one official at the DoSD Eastern Cape office was interviewed as this official is the only one responsible for managing ECD delivery, the official had an ECD senior manager but that official was responsible for managing all child care and protection sub-programmes. It was therefore sufficient to interview only the one official directly responsible for ECD as they work with the ECD programme every day. An interview with the DOE official in the Eastern Cape was not attained as the official had a personal issue that needed to be resolved and thus had to cancel the interview. This however did not affect the findings as the DoE is not responsible for funding NPOs in delivering home and community based ECD.

Ethical approval was obtained from the HSRC Ethics Committee for the research project. In order to obtain ethics approval a document titled 'HSRC ethics committee application form' had to be completed and then submitted to the HSRC ethics committee for approval. This document was sent with a participant information sheet that would be provided to the prospective participants. This document included information detailing an outline of the project, detailing who we were as the researchers and included a notice that participation was entirely voluntary and that should the participant not wish to take part in the study they would be free to refuse with no penalty to them and would be allowed to

stop being a participant at any time should they have accepted participation. A consent form, which, when signed by the participant, allows us to include the participant in the study, was also included in the pack. The ethics application was approved with no concerns from the Ethics Committee. The researchers then contacted the participants explaining the consent procedure; written consent was received prior to interviewing the participants. As the EPWP funding does not focus on home and community-based ECD programmes I needed to add questions relevant to my part of the study. Being part of this larger study, I was allowed to add questions relevant to my study to the semi-structured questionnaire (Appendix 1). Semi-structured interviews were used, 'semi structured interviews are conducted on the basis of a loose structure consisting of open ended questions that define the area to be explored, at least initially, and from which the interviewer or interviewee may diverge in order to pursue an idea in more detail.' (Britten, 1995: online)

Key issues for my purposes included in the questionnaire were: the department's role in relation to ECD; the department's activities in relation to home and community-based ECD services; budget allocations for home and community-based ECD programmes (non-centre-based programmes); challenges they encountered and perceived; and achievements they encountered and perceived.

A limitation of this study is that only officials in government were interviewed and as a result the findings may be limited, therefore in order to reduce this limitation I made an attempt to triangulate (to include the views of other role players) the data in other ways. Seale (1999) cites Denzin (1978:p.54) and writes that 'data triangulation involves using diverse sources of data, so that one seeks out instances of a phenomenon in several different settings, at different points in time or space.' Miles and Huberman (1994:p.267) write that 'the aim is to pick triangulation sources that have different biases, different strengths, so they can complement each other.' Triangulation can enhance the validity of one's findings. Miles and Huberman (1994:p.273) do warn though that 'once you've latched onto a hypothesis that makes powerful sense of the case, it's the dickens to get rid

of it. Confirmation seems, almost magically, to come from all quarters.’ I thus made a concerted attempt to view all data and information objectively.

In an attempt to triangulate the data I had personal communications in the form of conversations and e-mails with Linda Biersteker to seek assistance with literature and confirm some of the findings; Linda Biersteker (Short & Biersteker, 1985; Biersteker, 2001; Biersteker & Dawes, 2008; Biersteker & Streak, 2008) is a leading researcher in ECD in South Africa and is a regular consultant to Unicef and the HSRC. I also attended a seminar at the Children’s Institute (UCT) in February 2009 entitled ‘Masithethe: Let’s talk about early childhood development’. The focus of the seminar was on the Family and Community Motivator (FCM) programme, which aims to reach out to those children and families who currently fall outside the provision of formal ECD services. The programme aims to strengthen the role of parents and caregivers in the child’s growth and development, and to improve families’ access to a wide range of support services. I also attended an Early Childhood Development Knowledge Building Seminar in 2009 (focused on non-centre based ECD), hosted by Unicef and co-hosted by the National DoSD and the Inter-departmental Committee for ECD, in order to find more information and substantiate findings. A variety of presentations were given by CBOs and NPOs who deliver home and community-based ECD services in South Africa. I did this in order to get a perspective of the community and home-based sector from implementers other than officials, and also to corroborate findings.

4.3 Data analysis

This thesis critically analyses the implementation of ECD non-centre-based programmes using the 5-C protocol as a conceptual framework to guide analysis while incorporating organizational categories. ‘A conceptual framework explains, either graphically or in narrative form, the main things to be studied – the key factors, constructs or variables – and the presumed relationships among them. Frameworks can be rudimentary or elaborate, theory driven or commonsensical, descriptive or causal.’ (Miles & Huberman, 1994: p. 18)

The interviews were tape recorded and transcribed verbatim. The transcript data is used to ascertain intentions as voiced by officials; also, as part of the questionnaire, a budget template was attached (Appendix 2, page 3), I added Table 2 to the budget template in order to obtain allocations and expenditure for my purposes as budget allocations for home and community based programmes are not presented separately in the budget votes (the funding is noted as separate from EWPW).

Maxwell (2005) writes that the process of listening to, transcribing and reading the transcriptions is part of the analysis stage. During this process, memos were kept to try and keep track of what I was reading, as at this point I was aiming to become familiar with the data. 'You should regularly write memos while you are doing data analysis; memos not only capture your analytic thinking about your data, but also facilitate such thinking, stimulating analytic insights.' (ibid:p.96)

Miles and Huberman (1994: p. 55) write that because qualitative analysis can result in overload 'we think conceptual frameworks and research questions are the best defense against overload.' They suggest it is better to be 'aware' when coding using a conceptual lens rather than simply assigning meaning. 'Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study.' (ibid: p. 56) Coding is part of the analysis. We therefore use the 5-C protocol as a conceptual framework during coding and analysis.

In order to draw conclusions from the data as part of my analysis, I followed Miles and Huberman (1994). From 'the start of data collection, the qualitative analyst is beginning to decide what things mean – is noting regularities, patterns, explanations, possible configurations, causal flows, and propositions.' (ibid: p. 11) However, these authors write that the competent researcher will at first hold these conclusions lightly, and at a later stage the conclusions will become more explicit.

I did two stages of coding, both stages are deductive. I borrowed from Maxwell (2005) and Miles and Huberman (1994) for the analysis process.

In my first round of coding I borrowed from Maxwell (2005). Because of data overload, for the purposes of organising the data, I firstly developed organisational codes. This is an initial step prior to the theoretical coding stage. Maxwell (2005:p.97) writes that 'organizational categories are broad areas or issues that could usually have been anticipated.' Maxwell (ibid:p.97) further notes that you are not at this point making meaning of the segment but rather that 'the organizational categories function primarily as 'bins' for sorting the data for further analysis.' Due to space limitations the organizational codes are not presented in the thesis, the content though was used when doing the second round of coding and the analysis. The organizational codes that I derived were budgeting, human resources, modes of delivery and relationships. I anticipated these organizational categories, based on various implementation readings (Lipsky, 1980; Hill & Hupe, 2002; Barret, 2004; Elmore, 1980) and ECD literature (Biersteker, 2001; Biersteker, 2008b; Budlender, 2009). Because of this, the coding was deductive as I searched for areas specific to these codes. During the process I was also alert to any areas outside of the organizational codes that might fit into the conceptual framework I was using; I stored them as memos so that at a later stage I could determine their fit in the process of conceptual analysis.

Doing the organisational coding was very useful as one becomes very familiar with the data; and for the process of coding according to the conceptual framework much of the data had been sorted. For example under the conceptual category 'capacity', the work I had done on human resources and budgeting in the organisational coding fitted neatly under this theoretical concept and much of the sorting had been done.

In the second round of coding Miles and Huberman (ibid:p.129) call the specific type of analysis tool I borrowed 'conceptually ordered displays' these are used to order, sort and analyse data. In the second stage of coding I had an *a priori* conceptual framework in the form of the 5-C protocol. Conceptually ordered displays are a process of ordering your data by concepts or variables. The idea is that you bring items that belong together into a matrix; you could construct for example an informant-by-variable matrix. This thesis

used a province by 5-C protocol concept matrix shown in Table 2. Miles and Huberman (ibid, p.131) write that ‘conceptually ordered matrices need not be organized by persons or roles, more general conceptual themes can be the ordering principal.’

Table 2: Province by conceptual category matrix

Province	Content	Context	Capacity	Commitment	Clients and Coalitions
Western Cape					
Eastern Cape					

Theoretical categories using the 5-C protocol (Brynard & de Coning, 2006) ‘place the data into a more general or abstract framework’ (Maxwell, 2005: p. 97). The process of using theory in the development of themes was the critical analysis stage.

I found that because of the amount of data, I could not fit it into this matrix. I used the framework, but sorted my data into A4 pages of cross comparisons. I kept the theory behind my conceptual framework at hand at all times. In order to draw conclusions, (ibid:p.129) you read across the rows of data (in my case I laid out all my A4 pages of data), this allows you to note relations between variables from one informant (in our case for each province). If you read down the columns this allows you to draw comparisons between the provinces. If you look down the columns you can see areas that are most prominent between cases. In my case I found, for example, that both provinces spoke predominantly to human resource constraints. Miles and Huberman (1994:p.129) note that ‘the tactic of making comparisons leads to more conclusions.’ One also uses quotations to show the reader ‘what may be different responses behind the same label.’ (ibid: p.129)

However, I do not only present codes in the findings and analysis chapter, I follow Bak (2004) and discuss how the main issues in the literature link up with the findings, I also discuss contradictions, gaps, surprise findings and deviations, and I suggest possible reasons for these. Because much of the literature on the ECD sector discusses issues at a national level rather than by province, I do not present the case studies separately, but rather draw on both case studies to present holistic findings that are applicable to the sector as a whole. However, because of the nature of qualitative data and its generalisability limitation, I do try to keep the context of each case study by reflecting on who is saying what in each province.

Funding and budgeting is reflected on through secondary analysis of the 2009/10 provincial estimates of expenditure. This will be done to reflect on expenditure data received from officials. The estimates of expenditure provide a snapshot of allocations to the sector and they provide output measures for the sector. South African budgets are presented within a three year rolling system. Secondary analysis of policy statements and national policies will also be done, in order to highlight areas that the respective provinces focus on in relation to delivering ECD services to children who do not access these services in ECD centres.

This thesis experienced the following limitations; a limitation of qualitative enquiry (Maxwell, 1996) is that purposeful sampling may not necessarily provide views that are typical of the ECD sector as a whole. The problem is that interviews with role players outside of government but also involved in the delivery of home and community based ECD programmes, such as NPOs, have not been done; which may limit my findings. As explained, I did attempt to triangulate the findings in order to reduce this limitation. I also used literature to support and negate claims.

‘Generalization in quantitative survey research is based on choosing representative samples and using ideas about probability and chance to estimate the likelihood of events occurring in similar cases outside the sample’ (Seale, 1999: p.107). The argument is that because of the small sample sizes used in qualitative research, scientific generalizations

cannot be made and findings in qualitative research are thus highly context specific. Because this is a qualitative study, it will limit the generalisability of the findings to the specific context within which the data was found, however, where there is a finding, the thesis makes an attempt to draw in and document findings and arguments from other authors and settings, in order to make these findings more relevant and applicable beyond the Western Cape and Eastern Cape setting.

University Of Cape Town

Chapter 5

Study findings

Chapter 5 critically analyses the implementation of community and home-based ECD programmes using the 5-C protocol. The 5-Cs are content, context, commitment, capacity, and clients and coalitions

5.1 Content

Brynard (2005) discusses content of policy as mediating the choice of ends and means. Unesco (2006) highlights that the strongest of policies remain ineffective without a viable implementation strategy. Britto et al (2008) write that policies are only as good as the accompanying implementation plans.

It is noted in Tshwarango Ka Bana (2005) that the development and expansion of a special cadre of workers is needed in order to provide ECD at household, community and formal level. It is written that ‘the implementation process will ensure that services and resources reach needy children, their parents and other caregivers in selected municipalities in nodal areas around the country.’ The implementation process is set out in a phased approach.²

- First phase: 2006–2007

Delivery of primary services at 5 000 currently registered ECD sites receiving subsidies, with at least two practitioners per site participating in the skills development programme.

Delivery of services to children at a household and community level.

- Second phase: 2007–2008 Extension of Primary Services

The registration, subsidization and extension of primary services to an additional 5 400 currently unregistered ECD sites, and at least two practitioners per site participating in the training programme.

² See NIP for ECD (2005:p.24) for full implementation plan

- Third phase: 2008–2009 Mother/Child Programme
The mother child support programmes will consist of home visits and workshops conducted in community centres such as clinics or libraries.
- Fourth phase: 2009–onwards – Consolidation and roll out

Even though these implementation plans (means) are written in policy, the DoSD officials did not reflect on any specific ‘end’ in terms of delivering ECD non-centre based services other than a strong recognition that it was the duty of the DoSD to reach children who were currently not being reached in centres. There was no discourse in the interviews related to policy regarding targets for non- centre-based ECD in terms of funding and no targets in terms of how many children were supposed to be reached. The targets of the NIP for ECD (2005:p.12), or what one might call the ‘ends’ of the NIP are shown as ‘targeting young children (birth to four), expectant and nursing mothers and community groups.

- These target groups will be reached through 2 000 trained community development workers, professional staff of the different departments and community structures.
- The plan will target two and a half to three million poor and vulnerable children. The first phase will involve targeting the one million children in the existing services of the Department of Social Development and the Department of Education in order to consolidate the services. Through an annual cumulative targeted expansion process, universal coverage of approximately five million children is targeted for 2010.

The officials had no ‘ends’ in mind for non-centre based ECD. However, the officials did mention ‘ends’ for centre-based services. The officials in both the Western Cape and Eastern Cape mentioned clear targets for registering centres per annum and a clear subsidy amount of R12, 00 per child, per day, for 264 days. This was agreed upon nationally and is to be paid per child to centres. The officials’ comments’ were more

reflective of the EPWP Social Sector Plan 2004/5-2009/10 rather than the NIP for ECD (2005) when speaking about targets for ECD.

Western Cape DoSD official 1: *'I think there has been an increase in the subsidy like I've said but there has also been an increase in terms of access in terms of where we have a target of registering in terms of sites 200 new ones every year, I don't think we managed it quite because of challenges also beyond ourselves.'*

Eastern Cape DoSD official: *'Okay our main responsibility is the payment of subsidies for children from 0-4 and the subsidy that we are currently paying is R12.00 per child per day and our moral agenda according to the [EPWP social] sector plan is the registration of ECD centres. we could not reach our target as a result of various problems, our target for subsidies for this year was 100 so what is happeningI think in a way we are also trying to how do I say this to we are also trying cover for the 225 that we did not reach as the target last year'.*

This thesis argues that because there are clear agreed-upon national goals that officials work towards for the delivery of centre based ECD, this is the main driver of spending by the DoSD (even though all departments do not follow these guidelines to the letter). Lipsky (1980:p.57) writes that 'despite the difficulties of performance measurement, street-level bureaucracies do seize on some aspects of performance to measure. They tend to seek reports on what can be measured as a means of exercising control. In turn, the behaviour of workers comes to reflect the incentives and sanctions implicit in those measurements.' It is in fact easier to measure the number of centres registered and the number of children subsidized, but capturing data on home and community-based programmes will be much more difficult as there are currently no information systems in place for this at the DoSD. It would appear that in the USA, similar constraints are experienced, as Miller and Bogatova (2009:p.1) citing Brandon and Martinez (2006), when discussing the workforce in early care and education (ECE) in the USA, note that

‘accurate data on the characteristics of the ECE workforce are difficult to come by because of the wide range of methodologies and definitions used at the state and national levels, lack of conceptual clarity, and inadequate data collection systems.’

Lipsky (1980:p.57) observes that ‘the general rule [is] that behaviour in organizations tends to drift toward compatibility with the ways the organization is evaluated.’ This thesis thus searched for the way that ECD is measured in the public domain. The only performance measurements that were found in the content of policy in the public domain were in the annual Provincial Estimates of Expenditure. The Provincial Estimates of Expenditure can also be used as a way of determining strategic priorities. Budlender and Proudlock (2009:p.6) write that ‘alongside the financial amounts, South Africa’s budget books provide output estimates that serve as indicators of physical delivery. These output indicators provide key accountability information in terms of what is done with the money. They also allow parliamentarians and members of civil society to compare numbers reached with estimates of need.’ Budlender and Proudlock (2009) write that these output estimates provide indicators of physical delivery; hence this thesis asks: what are the output estimates for non-centre based ECD (community and home-based ECD) in the Provincial Estimates of Expenditure? The thesis does this in order to determine what physical delivery is being prioritized in non-centre-based ECD, as Lipsky (1980) noted, departments are driven to spend according to what they are evaluated on.

In the Western Cape Estimates of Expenditure 2009/10, the customized national specific output measures do not reflect non-centre based ECD:

- Number of ECD centres funded by government
- Number of registered ECD sites not funded by government
- Number of children registered in ECD centres funded by government
- Number of children in registered ECD centres not funded by government
- Number of partially registered ECD centres that became fully registered
- Number of ECD practitioners who completed training
- Number of ECD child care workers who completed training.

It is not unreasonable to expect that provinces' performance measures may, in some instances, differ from the national performance measures due to expenditure discretion. What does this mean for non-centre based ECD? The Western Cape provincial performance measures under Child Care and Protection Services in the Provincial Estimates of Expenditure 2009/10, that are related to ECD, are:

- Number of integrated early intervention services for children
- Number of children in ECD programmes
- Number of workshops with district ECD and after-school care coordinators
- Number of ECD assistants trained, recruited and placed to assist ECD services in the province, in collaboration with (EPWP)
- Number of ECD practitioners identified for WCED learnership programmes
- Number of enrichment centres established
- Number of new ECD facilities that meet minimum norms and standards and are registered in all 16 district offices focusing on the 27 priority areas
- Funding increased in accordance with national guidelines.

The discourse used is evidently more in line with non-centre-based thinking than the national performance measures, which is positive. As shown above, it states 'number of children in ECD programmes' rather than 'number of children in centres or sites'. The term 'enrichment centre' is also associated with the delivery of non-centre based services.

The Eastern Cape Estimates of Expenditure 2009/10 showed no service delivery or output measures under childcare and protection services other than:

- Number of professionals employed by government to render child care and protection services within the community.

In the research process there was, however, strong recognition by the EC official that non- centre-based ECD was a reality and a goal worth pursuing.

The official in the Eastern Cape also employs discourse used in the policy document entitled 'The Massification of ECD Services' (2006). This shows that the provinces do have shared meaning and understanding of policy content, even though it is more reflective of centre-based ECD.

Eastern Cape official: *'We are also tasked with massification of ECD services we are supposed to increase the numbers of children who benefit from ECD sites.'*

The Eastern Cape official also reflected on the policy document 'ECD Centres as Resources of Care and Support for poor and vulnerable Children and their Families (including OVC's)', which is more in line with non-centre based ECD.

Eastern Cape DoSD official: *'We are in partnership with Unicef in we kind of seeing two ECD centres as nodes of care and support one is in Queenstown and the other one is in Grahamstown.'*

The Western Cape officials understood the enrichment centre as a means to delivering home and community-based ECD programmes, the 'enrichment centre' is a familiar concept taken from the policy known as the Western Cape Integrated Provincial ECD Strategy (2005:p.19). The enrichment centre is a model where ECD centres are transformed to places that can also provide outreach. They recognized that there were various other forms of delivery of home and community-based ECD projects, and they did support playgroups and fund programmes that were not run from a centre.

Western Cape DoSD official 1: *'An enrichment centre essentially has three components, it's got the centre-based service, its got a toy library that the community can access and then it has the outreach component where they have trained fieldworkers that would go out and its normally in a radius, I'm talking Metropole now radius of a kilometer accessing*

situation where mothers are taking care of children, there own maybe but more.'

In terms of policy content, there are no guidelines on the value per child or per programme that should be allocated to home and community-based projects. On the other hand, in the EPWP Social Sector Plan 2004/5–2008/9, where the priority is centre-based, it is noted that ECD can be expanded by increasing the DoSD subsidy scheme, which the EPWP budget does and officials implement.

In the Eastern Cape, social workers were still implementing ECD using old legislation; however the official did note that the social workers received training on the new Children's Act. The finding is that: (1) the content of new policy and legislation is not always easy to understand on both the demand and supply side of implementation, and (2) it is not possible for implementers to immediately have training on new policy once it is signed in. The official was positive about the new Children's Act though.

Eastern Cape DoSD official 1: *'....also a function that is not taken seriously even by the departmental officials, because if a centre applies for funding, I think one of the requirements would be registration as a place of care, because we cannot afford to fund something that you do not know if it really complies a lot. So you end up funding centres that are not registered so I think one of the issues around this thing is information on the type of the people who are running the centres, there is no information and also if I may be brutally honest it is also a problem with us as developmental officials because we have the act that gives us guidance direction but we also do not implement the provisions of the ACT because this was not really taken you know seriously the registration of ECD centres was not really taken seriously by some of, mmm in fact by most of our offices throughout the province especially those that were in the former Transkei, something that because we were using the children mm the Act of 1960 it has taken time for the people from the Transkei*

which is too you know sort of with 1983 ACT, you find that even now you have social workers who are really struggling in terms of the 1983 ACT and I think the introduction of this 2005/07 ACT will make things better because it's a new Act for everybody and everybody has been trained on the new Act ... '.

As the public sector adopts monitoring and evaluation techniques, government officials may be more likely to spend money on programmes whereby they are monitored and evaluated. Therefore, reasonable measurable targets and output measures (which are considerate of capacity constraints) specific to non-centre based ECD need to be set up and explained to implementers. Guidelines for funding also need to be developed.

5.2 Context

Brynard (2000) writes that the institutional context within which implementation must happen is shaped by the broader social, economic, political and legal realities of the system.

A possible factor, affecting the implementation of home and community-based programmes, was that the variety of programmes offered under the banner of community and home-based ECD provision was not explicitly stated in the Children's Amendment Bill (B-2006). There was debate³ about whether the definition of an ECD programme or service fully captured what holistic ECD is, in support of making the definition of ECD not only more inclusive of alternative programmes such as home-based delivery; but also in an attempt to define norms and standards, Linda Biersteker and others (Personal Communication, 2nd March 2009) made a submission to the Children's Amendment Bill. Their submission, which did not get past the legal drafters, entailed the following:

³ See all submissions made to the Department of Social Development on the University of Cape Town's Children's Institute Website. <http://www.ci.org.za/site/frames.asp?section=lawreform>

- 29A
- (1) Early childhood development programmes includes a range of diverse and interlinked services to children from birth to school going age and their families; and include, but are not limited to, the following:
 - (a) Child minding of less than 6 children
 - (b) Community based play groups operating for specific hours
 - (c) Outreach and support programmes to young children and their families/caregivers, at a household level.
 - (d) Parenting support and education programmes.
 - (e) Support for the psychosocial needs of young children and their families
 - (f) Early childhood development programmes provided at partial care facilities and child and youth care centres as contemplated in section 93(5)
 - (g) Any other programme that primarily focus on the care, development and education of children from birth to school going age and/or their families.
 - (2) The National Department of Social Development shall develop guidelines for practice for the variety of known early childhood development programmes that will facilitate a minimum standard of practice.
 - (3) The Minister and Provincial MECs, shall in consultation with local municipalities, assess the need for the provision of different types of early childhood development services that are needed in each local municipality.
 - (4) The assessment contemplated in subsection (3) shall be done every three years and made available for planning and budgetary purposes.

The new definition of an ECD service, as shown in Chapter 1, still does not fully capture the nuances specific to non-centre based ECD as well as this submission does. There are still no norms and standards for funding non-centre-based ECD in the Children's Amendment Act [No 41 of 2007].

Another contextual factor that needs to be considered, is spending generally on Children in the country. Barberton (2006) as cited by Budlender et al (2009:p.2) note that the Costing Report on the Children's Bill that was done in 2006 showed that government was only funding 25% of the services that it was obliged to fund under the Child Care Act of 1983. This means that there will be a massive economic constraint in terms of reaching the targets of the NIP for ECD (2005). The Children's Amendment Act (No. 41 of 2007) also does not state that money *must* be provided for ECD.

Another institutional factor affecting the delivery of ECD is the highly intersectoral and interdepartmental nature of the sector. ECD is not only implemented by one department,

nor by one NPO in one shape or form. The sector is thus highly fragmented; there are multiple players with different demands. There is heavy reliance on the Department of Health in both provinces to get centres registered, which often presents some difficulty. This thesis reflects on this because non-centre based ECD will suffer the same constraints.

Eastern Cape DoSD official: *‘.....another important element you know around the registration of centres, it’s not a function that is finalized by us as a Department of Social Development, you have to have people from the Department of Health, and what we have discovered is that you have two types of environmental health officers, you have those that employed by the local municipalities, your Buffalo City municipality and the your municipalities in the Nelson Mandela Metro, those are better trained and they know what is expected of them when they are doing registration but when you are talking about environmental health officers that are employed by the department of health it’s a totally different story when you receive a request from them it does not give you a picture of what is happening in terms of the elements that they should be you know identifying for registration and in other reports you don’t even get a recommendation and you fumble and you sometimes struggle to make a proper you know approval.’*

Western Cape DoSD official 1: *‘.....we don’t have enough hands in the districts to actually conclude those processes because in between that we have to get the certificates from the environmental health officials the health clearance certificates and to get that is a nightmare so its also not a matter of we have all the stuff quick quick.’*

Based on the interviews the provincial departments also had some difficulty in getting infrastructure up and running. The Western Cape DoSD noted they had no money for infrastructure at all.

Western Cape DoSD official 1: *'Infrastructure is a great problem, challenge'*

Interviewer 1: *'Because the Western Cape seems to be the innovator compared to other provinces with at least finding some money for infrastructure over the last five years'*

Western Cape DoSD official 1: *'.....yes, but I would really mm currently my only infrastructure that I get is also not called infrastructure it's called the development of enrichment centres'*

Interviewer 1: *'ok'*

Western Cape DoSD official 1: *'.....and very soon we will, in the past we have basically had to develop two centres per year, but we will shortly have to stop the development of the infrastructure part and concentrate on the outreach part if we want to use the money. We do get that private people, business and private owners are coming to this party in Malmesbury'*

This appears contradictory in that if you want to do outreach from an enrichment centre one will require funds for infrastructure and outreach. The officials, as noted in the interviews, have to sacrifice one for the other which will not benefit the ECD sector as a whole.

The Western Cape DoSD felt that the City of Cape Town (CoCT) could assist them.

Western Cape DoSD official 1: *'....where we thought they could mm assist is maintaining infrastructure and when we did the first maintenance thing the first building where we launched was actually a local authority*

building and we had to spend thousands there to get the building in a state where we could use it, the major problems we experience are in terms of lease agreements and stuff like that so it's not an easy process this whole infrastructure stuff

The Western Cape officials noted that dealing with the CoCT was very complicated and time-consuming, because of all the departments that had to be negotiated with in order to get something done. They did, however, have a working relationship with the CoCT and helped them draft their ECD guidelines. In the Eastern Cape, a problem was noted that ECD was being delivered from poor structures, but the DoSD had no money for investment in infrastructure. They felt infrastructure was the mandate of the local municipalities. Often, across departments, different norms and standards were being applied to register centres as well.

Another factor relating to institutional context is funding. No provincial programme is guaranteed funding. Provincial departments must rely on equitable share allocations and only then do departments make submissions for funding from provincial treasuries. The treasury is thus an integral part of the institutional process. The fact that there are no norms and standards for funding non-centre based ECD surely makes this an even harder process for officials. As far as this thesis understands, the officials also do not use any costing tools to bid for funding. Funding will be reflected on under capacity. Regarding the treasury:

Interviewer 2: *'When you submit your business plans to treasury are you asking for money for non- centre based care?'*

Eastern Cape DoSD official: *'..... in the last financial year yes we did'*

Interviewer 2: *'And they never gave it to you?'*

Eastern Cape DoSD official: *'No'*

Interviewer 2: *'Did they give any reason why they didn't?'*

Eastern Cape DSD official: *‘No we are just allocated money and we don’t ask questions ‘*

The official appears to have no power in relation to funding. The Department of Public Works official in the Eastern Cape felt differently regarding getting EPWP funds for ECD.

Eastern Cape DOPW official: *‘ So, I think if people aren’t getting their money then they probably didn’t bid correctly.’*

Interviewer 1: *‘.....okay so it still remains a key priority you say regardless of the total pie.’*

Eastern Cape DOPW official: *‘.....it is still going to remain a key priority especially in the Eastern Cape it is going to be a priority.’*

Even though this point is most likely anecdotal the fact that this DOPW official noted it as a concern is a very important point, if those charged with doing bidding are not doing it correctly this could place ECD at a severe disadvantage.

Another contextual factor that needs to be considered is that officials are currently unable to monitor even existing services, how will they manage more?

Eastern Cape DoSD official 1: *‘Social workers are overloaded with work, and you know, some of these issues with work ... they take them seriously and as a result as a department we don’t realize that we are really not doing enough in terms of monitoring our projects and NGOS.... as such there is a number of posts that have been advertised for monitoring and evaluation so we are hoping that if that unit is established [M&E] maybe things would get better, I guess there would be something that would be done in terms of monitoring and evaluation. Otherwise we administer very minimal you know.’*

The EC official also reflected on being all alone in the provincial department, she only had a senior manager who was overseeing all the children's programmes in the province, including ECD.

Eastern Cape DoSD official 1: *'And then I am the ECD manager, I am all by myself, the post of ECD assistant manager has been advertised, okay and then down there you have social workers who are allocated to programmes.'*

Once sites are registered they are supposed to be monitored for compliance, and NGOs provided with service level funding are also supposed to be monitored for compliance. The official noted that since October 2008 last year they had registered approximately 140 sites; and the official had personally only managed to visit two of those sites up until March.

5.3 Commitment

Brynard (2000) notes that governments can have the best policy imaginable but if implementers are unable or unwilling to implement a policy, it will not happen.

Attending the ECD knowledge building seminar (November 2009), it was evident that there were extremely high levels of commitment from all NPOs delivering non- centre-based services to children 0–4 years old. Some NPOs, such as Family in Focus, ELRU and Tree, had been delivering non-centre based services in communities for more than 20 years. Many different organizations, primarily those most established, presented at the ECD knowledge building seminar (November 2009). A huge diversity of programmes was presented over the two days, each displaying different approaches to the delivery of non-centre-based services, which highlighted the overall diversity in the sector as Unicef (2007b) had shown in the rapid analysis of the sector.

The official at the EC DoSD displayed a willingness to provide community and home-based ECD.

Eastern Cape DoSD official: *‘Currently what we are doing, we realize that we have quite a number of children from 0–9 in the province but we realize that we are only reaching out in terms of subsidies reaching out to about 72 000 children, 72 800 and we are saying where are the other children then we discovered that there are children that stay out in the deep rural areas where there are no ECD facilities so what the plan is we are assisting, sort of capacitating them in preparing children for formal education so we are implementing that programme where there are no ECD facilities.’*

One will note that there is strong recognition that there are some places where children are not being reached and the DoSD, through the non-centre-based model, is trying to reach out to them. It reflects a transition of thinking, as one participant at an ECD seminar attended noted ‘non-centre-based ECD is given very low priority.’⁴

The WC officials were also committed to serving children.

Western Cape DoSD official 1: *‘.....our sense is that they, this is a very important wagon to get onto this ECD and our sense is that they [City of Cape Town] also want to establish facilities themselves. This is local authorities facilities, like in the Witsand area they are now, we are actually thought we could have the land but okay if they develop it in the end what is important is that children access services but I mean I just think we can work more closer.’*

Regarding future plans for non-centre-based ECD, the Western Cape DoSD is planning to extend the Family in Focus programme, to focus on playgroups, and to sustain

⁴ Seminar at The Children’s Institute, UCT, 13th February 2009

outreach programmes through the use of enrichment centres. Officials displayed a willingness to provide non-centre-based services.

5.4 Capacity

Brynard & de Coning (2006) note that capacity includes aspects that are tangible such as human resources and budgets; and intangible such as leadership and motivation. Capacity is an essential requirement for successful service delivery.

Loffel et al (2008:p.49) write that, in the Department of Education ECD survey conducted in 2000, 54 503 ECD workers were identified. 'ECD workers are not registered or monitored and come from a range of backgrounds. The survey found that 88 percent of ECD workers had no training, inadequate training or unrecognized training. The qualifications of the small percentage of ECD practitioners at a professional level vary'. These are dismal facts, because human resources was recognized by both provinces as their greatest challenge in the delivery of ECD services for both centre and non-centre based services. We reflected on the challenges.

Western Cape DoSD official 2: *'I would think the biggest challenge is our Human Resources.'*

Western Cape DoSD official 1: *'yes' [I agree]*

Western Cape DoSD official 2: *'If I had a few had more hands at the District offices we can do a lot more.'*

Western Cape DoSD official 1: *'..... yes because I want to say now its not only financial resources, obviously that's a big part as well but at the moment our experience is not enough hands to do the work.'*

Western Cape DoSD official 2: *'We struggle to monitor.'*

Western Cape DoSD official 1: ‘Yes’ [we do]

Western Cape DoSD official 2: ‘*We struggle to get the district offices to participate in the outreach projects because they not only responsible for ECD they will also be responsible for HIV, for youth, everything so it’s very difficult for them to focus on ECD.*’

Western Cape DoSD official 1: ‘*You know the eight [social welfare] programmes?*’[under child care and protection services].

Interviewee 1: ‘*So as you grow you need more monitoring?*’

Western Cape DoSD official 1: ‘*Just to give you an idea the department is running eight programs, you know that? So an office will have maybe two social workers.*’

Interviewee 1: ‘*And at the district offices social workers are doing more than ECD?*’

Western Cape DoSD official 1: ‘*.... well in what we call the welfare planning section there will be maybe two so they have to take responsibility for all these programmes.*’

Western Cape DoSD official 2: ‘*For all these eight programmes*’ [under child care and protection services].

Western Cape DoSD official 1: ‘*We’ve identified one person as an ECD coordinator*’

Interviewee 1: ‘*In each district office?*’

Western Cape DoSD official 1: *'In each district office which makes communication easier but it doesn't make it easier for them because they also have got other programmes and we expect a lot of them.'*

As shown above the Western Cape DoSD currently does not have the capacity to monitor even current services; they are in desperate need of more staff at the district offices to fulfill their duties. These social workers currently participate in the registration of centres and struggle to get involved in outreach services because of their workload. The Western Cape DoSD also felt that they may have caught health officials unprepared in terms of needing them to conclude the process of registration, as these health officials had their own human resource shortages.

The Western Cape DoSD had however positively started a home grown programme called the ECD assistants programme. The ECD assistants programme started by employing people with a matric qualification up to the age of 35 years, to assist ECD centres to comply with minimum norms and standards. Even though the ECD assistants had a particular focus on helping centres to get registered, their training provided a benefit for home and community-based ECD. Some of the assistants ended up working for organizations that were involved in non-centre based ECD such as the Early Learning Resource Unit and Grassroots.

Even though the Western Cape DoSD has built up this programme to assist centres, problems with human resources still persist.

Western Cape DoSD official 1: *'.....don't have the manpower ... we don't have enough hands in the districts to actually conclude these processes.'*

The Eastern Cape suffered similar problems to the Western Cape DoSD. In terms of supporting human resources, the Eastern Cape DoSD supplied training and stimulation material to family care workers in deep rural areas where there were no formal ECD sites. This assistance was given so that these volunteers could assist children in preparing for

formal schooling. The family care workers however did more than just this, they also identified children who did not have birth certificates and who qualified for the child support grant.

Eastern Cape DoSD official 1: *‘.....the family care workers that assist us that would be your volunteers, we call them family care workers.’*

The Eastern Cape relied heavily on volunteers. Almost all the ECD non-centre programmes that presented at the ECD Knowledge Building Seminar (2009) used the services of some form of outreach worker, there was no clear consistency across programmes or provinces as to what these outreach workers were called, some called them ‘community development workers’, others called them ‘volunteers’. These different identities were most likely due to the high level of diversity of types of programmes in the sector (Unicef, 2007). There was also no consistency in the stipends this type of worker was paid. One NPO paid R500 per month, another R1000 per month, and another programme that did parent training called The Parent Centre paid R3000 per month, which was extremely high but was affordable due to donor funding to the Parent Centre. This is clearly inequitable.

The Western Cape felt that if they had more money they could employ more people to do outreach work. They felt that the EPWP assistants could help out with monitoring the centres, but due to backlogs in registration this was difficult. This was also further constrained by the fact that social workers needed to engage with health officials, as EPWP assistants were not on that level of engagement.. As shown earlier, the Eastern Cape reflected on competency issues of environmental health officers, and the Western Cape reflected on health’s own staff shortages. Outreach projects will suffer these same constraints as the centre-based sector.

Reflecting on the budget allocations for ECD, the Eastern Cape official felt that the allocations for ECD were not enough to finance the provision of non-centre based services, which adversely affected the provision of human resources.

Interviewer 1: *'.....that's absolutely clear so you are feeling whilst it is a priority it still isn't getting enough and you can't do enough in terms of the outreach services?'*

Eastern Cape DoSD official 1: *'It's not only in terms of financial resources, even in terms of human resources, for me if you are saying that a programme is a priority programme then it means you should be allocating budget for a priority programme and you should be allocating human bodies enough for that priority project to run and get the desired effect at the end of the day.'*

The official in the Eastern Cape felt that much needed additional staff should be placed at community level in the local municipalities, and the greatest priority was community development workers and social workers.

As noted earlier the EC official was the only person in the Eastern Cape provincial DoSD who was working on ECD.

Regarding developing the sector and as a recommendation to policy makers the EC official felt that non centre based activities could provide a host of new job creation opportunities.

Eastern Cape DoSD official 1: *'....because there is lots of work that is done in the non-centre based programmes, remember they are also identifying other problems within the community its not only about assisting parents to be prepared to assist their kids for formal education but it is also about community work as well ...'*

The official in the Eastern Cape noted that outreach programmes do not receive subsidies per child as centre-based ECD but instead they receive programme level funding. It is the

responsibility of the receiving NGO to determine the stipend the community development worker (CDWs) will receive.

Interviewer 1: *'.....okay but how does that work with the non centre-based, I mean I am just thinking that if one looks at how the centres are funded there is the subsidy and some of that money is used to pay your practitioners and then the actual fees are used, now if one thinks (official interrupts).'*

Eastern Cape DoSD official: *'.....with non centre-based we are funding them as projects we give them a lump sum for instance we gave them R211 000.'*

The official noted that you advise NGOs that a certain amount from the project funding should go to training, stimulation material; stipends for workers and a certain amount should go to training. This implies that the payment of workers in non-centre based ECD is highly dependent on the discretion of the receiving NGO, who are themselves stretched in terms of resources. If the DoSD is not budgeting for, and allocating reasonable stipends for CDWs then we may not have much success in the sector as the CDWs may have no incentive to stay.

As in the Western Cape, social workers in the Eastern Cape also dealt with multiple problems relating to other welfare programmes they were responsible for.

The Eastern Cape DoPW official, when asked what advice she would give the sector; noted the following:

Eastern Cape DoPW official: *'I think each department like social development and education needs to employ more warm bodies that would make work a lot easier for them as well and you wouldn't get over stretched fast so if there would be more people employed within the programmes like your social workers to go to sights and inspect sights*

ensure that things look healthy still and I would also like you say if I had the money I would increase subsidies and budgets but that is one of the big challenges that is needed as well.'

Another factor related to human resources is that provincial and district level departments often lack capacity in terms of personnel to draw up and implement plans. The Western Cape Department of Social Development has contracted the services of eight service providers in eight districts across the province to draw up district implementation plans, as noted at the ECD knowledge building seminar (November, 2009), as the Department of Social Development does not have the capacity at the district level to compile the plans. This is positive, as the DoSD is leveraging off years of knowledge and experience of community and home-based NPOs in order to better understand contextual issues in their implementation environments.

Budget

ECD funding at the level of the provincial DoSD is funded through two streams at the DoSD; EPWP funding and line budget money. EPWP funds are used to pay for subsidies to centres and line budget money is used for non-centre based programmes, the findings however show that line budget money is also being used to top up EPWP subsidy funding to centres (in the WC), resulting in less money for community and home based ECD.

Currently there is no method in the public domain to monitor the allocations and expenditure of funding for non-centre-based services. The data is not disaggregated in the annual estimates of expenditure to a large enough extent to allow a determination of what is for subsidies at centres and what is being used for community and home based ECD. Budlender et al (2007:p.45) support this point and write that 'provincial narratives do not provide this information [allocation and spending on ECD] clearly, which makes analysis and monitoring of progress very difficult.'

In order for this thesis to determine expenditure, budget data was requested from the two case study provinces to determine what was being spent on non-centre based ECD.

In the estimates of expenditure, the programme that hosts ECD 0–4 years is Social Welfare Services; the sub-programme within Social Welfare Services that hosts ECD 0–4 years is Child Care and Protection Services. In the Children’s Amendment Act (No 41 of 2007), it is noted that the provincial MECs for Social Development are responsible for providing and funding services to children, in order that their rights as stated in the Children’s Amendment Act are met.

The medium term expenditure framework (MTEF) to be appropriated for 2009/10 for the WC DoSD was R1 162 billion (2009/10 Estimates of Expenditure). The programme social welfare services medium term estimate is R903 033 000 and the sub programme child care and protection services under which ECD falls the medium term estimate for 2009/10 was R339 075 000. It was noted that an earmarked allocation of R74 551 million is for the expansion of the ECD programme including EPWP funds.

The MTEF allocation for 2009/10 to be appropriated for the EC DoSD was R1 434 billion (2009/10 Estimates of Expenditure). The programme social welfare services 2009/10 medium term estimate is R859 973 000 and the sub programme child care and protection services under which ECD falls the medium term estimate for 2009/10 is R171 748 000. There was no indication of a specific amount for ECD.

The Eastern Cape official noted that funding for non-centre-based ECD was separate from the EPWP allocation for centres in the line budget. Reflecting on these allocations:

Interviewee 1: *‘What proportion of your spending on ECD is expenditure on the subsidies and the centre support versus on the non-centre-based programmes’*

Eastern Cape DoSD official: *‘It’s more on subsidies; the bulk of our budget goes to subsidies.’*

The Eastern Cape official noted that the ECD budget generally had decreased for 2009/10; subsidies per day per child for centres and the registration of centres were however, still on the increase from R5,00 in 2006/07 to R12,00 in 2008/09..

The next question for the official focused on what factors the official thought were influencing the size of the budget allocation for ECD in the province. The officials were asked whether they thought enough or not enough was being allocated; and also asked to reflect on whether perceptions of under spending impacted on their allocations.

Eastern Cape DoSD official: *'I think the fact that ECD has been made an APEX priority programme, that is what has influenced budget allocations for ECD but I do not think what ECD is allocated is enough, it is not enough, that is my opinion because we are still looking at ECD as defining ECD as centre-based kind of you know thing, we are not looking at ECD as a service that we need to give out to other communities and as such we are looking at just one small part of ECD and with the budget that we have we cannot really be in a position to implement all the kind of programmes that we want to implement so as to be able to reach out even to those kids who that are not in a position to access centres.'*

It is explicit that the official in the Eastern Cape feels that the budget allocation is not nearly enough to provide non-centre-based services, this is evident in the budget data (Table 3); which shows that the proportion of money for non-centre based services is miniscule in comparison to centre-based services. The ECD budget allocation is currently not enough to meet the amount of programmes the department would like to provide in order to reach more children. However, as noted in chapter 1 (Biersteker, 2008a) ECD subsidy budgets generally have more than doubled from R422 million in 2007/08 to R900 million for 2008/09; unfortunately these increases in subsidy budgets are not used in the delivery of community and home-based ECD programmes.

Table 3: Breakdown of Eastern Cape budget allocations and expenditure as received from official at EC DoSD*

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Expenditure to date	Allocation	Allocation
ECD EPWP budget	R78 330 000	**	R87 700 529	R81 335 204	R83 221 906	**
ECD 0-4 <u>outside</u> of EPWP budget	**	**	R4 754 579	R4 142 611	R881 500	**

* See Appendix 2 for full budget table received from Eastern Cape DoSD

* Budget data received from DoSD official in charge of ECD delivery in the Eastern Cape

** no data received

The budgeting information in Table 3 shows that budget allocations for the 2009/10 year for EPWP centre-based ECD (R83 221 906) was substantially larger than the amount allocated for the line budget (R 881 500) from which non-centre activities would need to be funded. The line budget allocation has been substantially reduced between 2008/09 and 2009/10 which indicates that there is less money moving forward to provide the non-centre based activities.

The official at the DoSD in the Eastern Cape was asked whether anything new had taken place with respect to the delivery of early childhood development programmes between 2007/08 and 2008/09. The role player reflected on trying to meet registration and subsidy targets for ECD centres in the 2008/09 year. The Eastern Cape was also in partnership with Unicef in seeing two ECD centres as nodes of care and support; one in Grahamstown and one in Queenstown. The idea behind ECD centres as nodes of care and support is a notion that stems from a document by the National DoSD (2006) titled 'ECD Centres as Resources of Care and Support for Poor and Vulnerable Children and their Families (including OVC's)'. The premise is that there are many children and families not being reached at the centre level, in this instance the ECD centre can be a resource for

its immediate surrounding for the community's young children and their families – reaching children at a household level rather than only at the centre.

The Eastern Cape was still in the process of formalizing sites and planned to roll out centres as nodes of care and support to all seven districts in 2009/10. The role player noted that the Eastern Cape for the year 2008/09 was implementing non-centre based ECD programmes in the seven districts in the province. It was asked where the budget for this would be coming from.

Interviewer 2: *'And (name) where is the budget coming from.'*

Eastern Cape official: *'It's coming from us but it is separate from the subsidies.'*

At the time of the interview in March 2009, the budget data (Table 4) was not yet available from the official but it was received soon after. When looking at the budget data, it is clear that both funding for ECD centre-based and non-centre based was declining between 2008/09 and 2009/10. A personal communication (17th April 2009) with the official in the Eastern Cape then followed to discuss this matter in email format:

Interviewer 2: *'Dear (name), I just wanted to confirm the data you sent us: it seems that your budgets for ECD centre-based and non centre-based ECD are decreasing in the 09/10 budget from 08/09 is this true? It seems a bit odd as you stated you will be rolling out the nodes of care and support to all seven districts in 09/10? And yet there is less budget?'*

Eastern Cape official: *'Yes, the budget for 2009/2010 has been decreased and we had initially intended to roll out to all seven districts but with the kind of budget that we have it is impossible to do that. We have identified other projects in two other districts and we will be working with them just to give them support even if it is not in terms of funding.... '*

Interviewer 2 (email): ... *'With regards to the R881 500 for non-centre-based ECD what will you be using that money for?'*

Interviewer 2 (email): *'Also are the ECD nodes of care and support in Queenstown and Grahamstown with Unicef still going to be happening?'*

Eastern Cape official: *'For 2008/2009 we funded five no- centre based projects at R211 994 per project, for 2009/2010 we will fund seven projects at R100 000 per project. The two projects we are in partnership with Unicef are continuing as pilot projects maybe we will consider rolling them out to other districts in the next financial year. We are currently funding Gwatya non centre-based project in Queenstown, Kamvalethu in Aliwal North, Amathole in Stutterheim, NMMM in Port Elizabeth and Hippy in Mthatha.'*

It is quite evident that the Department of Social Development in the Eastern Cape faces numerous budgetary challenges in relation to implementing early learning and stimulation programmes to vulnerable children and families through non-centre based programmes. One can certainly claim that, as shown above, the non-centre-based paradigm is firmly placed in the mind of the role player, and one can conclude that this is positive for non-centre-based service delivery – implementers are both aware of this concept and are committed (within resource constraints) to provide it.

The budgetary data is confirmed by Budlender and Proudlock (2009: p. 4) who write that 'a worrying indicator is that the province [Eastern Cape] has substantially reduced the relative importance of the child care and protection sub-programme relative to other sub-programmes. In this year's budget, the 2009/10 allocation for this sub-programme accounts for only 20% of the welfare services programme. In last year's budget statement, the MTEF estimate for 2009/10 accounted for 43% of the estimate for the welfare services programme. The percentage allocated has thus been more than halved.'

However, the DOPW official in the Eastern Cape felt that *EPWP allocations* [authors emphasis] for ECD would be increasing as the next phase of the EPWP considered ECD as a viable opportunity to create jobs.

One finds that the largest percentage of money that is allocated for ECD in the Western Cape is being used for centre-based allocations. There are two reasons for this: (1) EPWP allocations are specifically allocated for the purpose of providing centre subsidies; and (2) in order to meet the national target of registering 200 centres per year and funding subsidies to centres, the allocations from the EPWP is not enough, and therefore money from line budget has to be used to supplement the subsidies paid to the centres. As a result ‘what is left over’ is used for non- centre-based services as reflected on by the role player at the DoSD WC:

Interviewee 1: *‘What is influencing the split between how much of the pie you spend on centre-based and non centre based? Is the EPWP for the expansion of the subsidy and the reach? is that a separate earmarked amount that you get and the rest goes for non centre-based?’*

Western Cape DoSD official 1: *‘It is not a separate mm it is indicated as earmarked and we are but we normally get a good deal and within the department there is enough integrity to ensure that the money that is earmarked for that process is going for that process I think it is different from the other provinces where that money is just kind of a goner because they not forced to spend it but here I am really satisfied. The split we do by firstly calculating what it would cost us and we do different scenarios whether to go to R9 or to R12 with what we know we have to expand with and....’*

Interviewee 1: *‘The 200 plus that, is it enough?’*

Western Cape DoSD official 1: *‘....yes, so we kind of ring fence money for that. If we then and the rest we can do the special programmes with and*

the capacity building and the whatever else we need to do, if we see because sometimes it happens that facilities or centres won't hand in there audited statements or whatever and funding gets stopped. If we find towards the end of the financial year there is still money left from that we will access that money for other programmes.'

Interviewee 1: '*.....so the centre gets a bit of priority but you need to have these other programmes.'*

Western Cape DoSD official: '*.....yes yes'*

Table 4: Breakdown of Western Cape budget allocations and expenditure as received from official at WC DoSD*

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Expenditure to date	Allocation	Allocation
Western Cape ECD EPWP budget	R31 020,000	R31 020,000	R61 024,000	R61 024,000	R74 551,000	R87 524,000
Western Cape ECD 0-4 <u>outside</u> of EPWP budget	R60 000,000	R60 000,000	R73 569,000.	R73 569,000	R83 624,849	R87 806,000
Totals			134 593 000	134 593 000	158 193 849	

*See Appendix 3 for full budget table received from Western Cape DoSD

*Budget data received from DoSD official in charge of ECD delivery in the Western Cape

When looking at the Western Cape budget data shown in Table 4, the line budget allocation and expenditure for 2008/09 is in fact larger than the EPWP allocation and expenditure for 2008/09. This may look promising for non-centre-based ECD as money is allocated from line budget. However, if we reflect on the subsidy amount of R9, 00 for 2009 (April) for 264 days of the year (the number of subsidized days per annum as stated by the official in the Western Cape) and the total number of children being subsidized in

2009 (55 399); this amounts to a total rand value of R131 268 024. The EPWP allocation and expenditure for subsidies though is only R61 024 000. As the official noted, line budget money is used to supplement the EPWP allocations.

The total funding for ECD in 2009/10 from EPWP (R 61 024 000) and line budget allocation (R 73 569 000) is equal to a total amount of R 134 593 000. Once subsidies are paid, this leaves a total amount of R 3 324 976 for other programmes (including non-centre-based), the training of, and stipends for, the ECD assistants programme still has to be subtracted from this total as well. This figure was not available at the time. The figure of R 3 324 976 amounts to 2.47% of the total budget for ECD (not excluding the training and stipends for the ECD assistants programme). As shown by the budget data, centre-based spending currently takes priority in ECD spending in the Western Cape.

The officials in the Western Cape mentioned that non-centre-based services will cost more money due to the additional activities that would need to be provided to make them successful, such as training of staff and fieldworkers to do community outreach work. In a previous pilot regarding the wages or stipends of the fieldworkers, DoSD did pay stipends of outreach workers and then suddenly stopped, this caused discontent in the pilot sites and meant that non-centre-based activities would stop. The role player reflected on the challenges of sustaining non centre-based activities:

Western Cape DoSD official: *'...so that's our challenge now, to sustain that [non centre-based services.] So we are budgeting for that specific service now, and we will pay a service provider to [deliver the service].we normally have that over two, three years, the service provider working with the community but the whole idea is that eventually the centre, well rather enrichment centre, that a management committee [from the community] can manage the centre, the toy library and the outreach services.'*

The WC official noted that they currently financed projects through programme funding (service level agreements). In order to move forward with the enrichment centres, the programme funding that goes to these centres also needs to be used for capacity building of community members so that they are able to manage the centres, this would in turn require more funding.

The next question the research reflected on was the budget allocations the Western Cape DoSD was receiving for the EPWP initiative in 2008/09 for centre-based ECD. The reason for this is that the objective of the EPWP funding stream is to both expand reach (register 200 centres annually), as well as increase the value of the subsidies each child receives.

Western Cape DoSD official 1: *'...this has always been a challenge for us as well but we have always preferred to go the route of rather spreading what we have to accommodate the additional as well so when they ask us questions how many children are not yet funded it is a kind of a difficult question because as they get registered we make sure they come onto the funding base that is why we could not go to the R12.'*

Break in conversation

Western Cape DoSD official 1: *We intended going from nine to twelve this coming financial year it is really in jeopardy now.'*

Interviewee 1: *'.....so that's just important to highlight'*

Western Cape DoSD official 1:: *'.....the indication is that we won't get additional funds in fact the provinces, the allocation to the provinces is less but luckily no one is brave enough to touch the money of the children so there is no cuts.'*

It is clear that implementers use their discretionary power to implement policy to fit local conditions as they make value judgments about what the value of the subsidy will be

instead of implementing the national norm of R12, 00 per child. Even though the official is not reflecting here on funding for non-centre-based care, it is important to note that they do struggle to meet targets for centre-based care as well, because this will affect budget allocations left for non-centre-based care.

In the Western Cape we asked officials whether they had difficulty to get money spent; they noted that as they grow budgets and programmes, the service providers (NPOs, CBOs etc.) of non-centre-based ECD also suffered from limited capacity due to very limited support from government in the past. For this reason, they are careful not to overburden service providers.

The Western Cape was making attempts to fund and support various types of non-centre-based programmes.

Western Cape DoSD official 1: *‘.....the other thing maybe can I also say, we’ve also this year started to fund the playgroups because we found there is a lot of children in the community that’s getting together on a kind of informal base and grassroots is running that programme for us.’*

Interviewer 1: *‘So you give money to grassroots and they write a proposal and a service plan is that what you call it, service plan funding.’*

Western Cape DoSD official 1: *‘yes’*

Western Cape DoSD official 2: *‘No not only, but it works very well we really after we saw what happening in Vredendal we really thought this is a great way and there is no subsidy scheme at the moment to pay playgroups something that we will have to work on the only way we could assist them was to ask grassroots to manage those programmes so they managing a programme for us in Vredendal, Wellington, there is a number.’*

Interviewer 1: *‘So your funding is primarily for grassroots but it isn’t to pay the actual practitioners running them?’*

Western Cape DoSD official 1: *‘It also, there is a very small stipend for them, very small there’s money for food and money for training of the practitioners.’*

Interviewer 1: *‘So the stipend, so the payment for the ECD practitioner in the centre is quite a challenge which we have known all the time and this one is even a bigger problem.’*

Western Cape DoSD official 1: *‘ But it is amazing what happens out there because we saw there in Wellington how parents get together and one parent will look after the children in the morning or what ever and in terms of nutrition each will bring something from home to cook whether its one potato’*

Interviewer 1: *‘.....so the function that you are funding is a coordinating and managerial function?’*

Western Cape DoSD official 1: *‘yes’*

The official noted that it is challenging to fund playgroups as well as challenging to pay those who work in playgroups. There are other sources of funding to the non-centre based sector besides government funding, such as labour and food provided by parents; for this reason it is hard to capture the total growth or the total funding to the non-centre based sector. Reflecting on sources funding for the sector, the officials noted that service providers assisted in getting funding for non-centre based ECD due to their relationships in communities. Regarding infrastructure, private partners helped with building, paving and fencing. Private partners, such as a businessman in Malmesbury and a farmer in Veleersdorp, were assisting in the development of enrichment centres. DoSD also had a good relationship with Early Years Services in Malmesbury. In Wellington, an enrichment centre will be opening which received funding from the local authority and

from Grassroots (a community and home based ECD NPO) through its donor funding. The donor would be funding the outreach in Wellington. The sector is fragmented in terms of funding which makes it even more difficult to manage.

We then reflected on enrichment centres generating some income from parents.

Interviewer 1: *‘Can I ask something about the enrichment centres? For that outreach part does no one pay?’*

Western Cape DoSD official 1: *‘No’*

Interviewer 1: *‘....so that is slightly different from the centre-based where usually a parent contributes something maybe it R50 maybe it’s.’*

Western Cape DoSD role player 1: *‘ We will get there although I’m getting pressure more and more every time we do, the challenge is the Grade R’s are now accessing free schooling so why would you put your child in an ECD service where you have to pay?’*

Interviewer 2: *‘....yes that’s true’*

Interviewer 1: *‘So there is a lot going through earlier?’*

Western Cape DoSD role player 1: *‘..... yes and I don’t think its good because when we counted when was it last year, we had around 20 000 children in our system that should be in Grade R, yes at the same time I think there are quite a number of children in their system that should actually be with us so you keeping children five years and older out of that system because its there is very young children in there, as young as three and four’*

The above narrative shows the difficulties in getting additional income support for home and community-based ECD from parents. If you try and do that, parents may put their children in Grade R classes instead, because it is free.

The officials in the Western Cape noted that non-centre-based ECD would cost more than centre-based services, this information however must be anecdotal or based on a simple cost analysis, as to this thesis's knowledge no formal cost effectiveness analysis has ever been done in South Africa on non-centre based programmes to determine costs in relation to benefits. This is an important point, as implementers such as officials at the DoSD do need to make rationing decisions, and they should ideally use the best informed evidence to support their decision making. Lipsky (1980:p.29) notes that 'bureaucratic decision making takes place under conditions of limited time and information. Information is often costly, difficult to absorb and often unavailable.'

At the ECD knowledge building seminar (November, 2009) Professor Andy Dawes asked three presenters (NPOs) who delivered non-centre-based services whether they had done any research to determine empirically the outcomes of their non-centre-based programmes. The panelists said they had not done this. It was echoed throughout the next two days, amongst all participants, that research needs to be done to provide evidence on the outcomes of the current programmes running in South Africa. It is this thesis's opinion that this evidence will provide a useful advocacy tool in lobbying for funds. By doing this, South Africa could have a well designed evidence based implementation strategy. Many presenters at the ECD knowledge building seminar (November 2009) presented very rich anecdotal evidence about the usefulness of their programmes. Some presenters documented empirical data like height and weight, packaged correctly this type of empirical data could provide very useful outcome data.

Empirical data is much needed, as anecdotal evidence will not meet the validity criterion upon which the relevance of scientific data and information for policy rests. According to Weiss and Bucuvalas (1980) as cited by Britto et al (2008) the validity of the information is tested in terms of the quality, methodological robustness and technical merit of the research. There is much scientific evidence supporting Early Childhood Development, however, South Africa needs to provide South African evidence at an intervention level that the programmes on offer do work. Tree noted at the ECD seminar

(November, 2009) that they are currently investigating the outcomes of their programmes. Another factor noted at the ECD knowledge building seminar is that there is no data on how many children are being reached by non-centre-based programmes in South Africa.

However, considering the already under resourced nature of the sector, research might prove to be a mammoth task for those involved in service delivery. It may also prove to be a mammoth task for a seasoned evaluator, as the nature of the programmes are so diversified; ranging from training teenage pregnant mothers to providing stimulation material to young children in playgroups.

5.5 Clients and coalitions

Clients and coalitions are those constituencies who can directly influence the implementation process. One looks at the 'potentially influential clients and coalitions from the larger cast of characters in the implementation theatre' (Brynard, 2006: p.185).

Within government, the National ECD structure relevant to ECD 0–4 is the National Interdepartmental Committee, it is led by Social Development and focuses on issues relating to children of pre-school age (Giese & Sanders, 2008: p. 98). Both government and civil society are represented on this committee. Each province should ideally have an interdepartmental committee on ECD, and at a municipal level a municipal interdepartmental committee should be established. According to Giese and Sanders, (2008:p.99) a benefit of being part of the national committee is that it provides a 'forum for effective planning and information exchange about, specific programmes, events and activities related to the NIP both at national and provincial levels. A most critical challenge is in the realization of the practical implementation of the National Integrated Plan for ECD using appropriate integrated approaches and systems from national, provincial and district levels.' Giese and Sanders (2008) write that funding for the national structure comes from individual departments and specific technical support is funded by Unicef. Biersteker (2008c) writes that structures have been set up in the provinces but little is known about how effectively they are working.

Giese and Sanders (2008) write that in the Eastern Cape there is an Early Childhood Development Forum. They write they were unable to locate the structure in the Western Cape. We found positive relationships being formed in the Western Cape. The Eastern Cape and the Western Cape understood the need for engaging across and with other tiers of government. The officials in the Western Cape noted that they had an integrated provincial management team that is comprised of the DoE and DoH, and at the time of the interview in March they were including local authorities as well as the Premier's office, because ECD is an APEX priority. They noted that sometimes it was like 'pulling teeth to get them together' but this was because time was a big challenge for everybody. Officials in the Western Cape felt that good relationships had been forged because of the integrated management team.

Cloete et al (2005) write that one must identify key actors in the implementation process when studying implementation. One of the key actors in home and community-based ECD is the NPO community as they deliver services which impact on implementation directly. The Western Cape reflected that they had very good relationships with the NPO community and even observed that they had learnt and continue to learn a lot from these programmes which have been in operation for years. They noted however that service providers do have their own limitations:

Western Cape DoSD role player 1: *'.....yes although it is a challenge to get things spent and as we grow the budget and as we grow our programmes we find oh oh, we find that our service providers we there is a sense that the service provider also struggles to manage all that they are supposed to mm and I think it is because service providers for many many years have not received any support from government like grassroots, like CECD, like ELRU and so on its basically since 2002, 2006 maybe that we have started funding specific programmes in partnership that we we we want to render in partnership so on the one hand they are some of them trying to establish themselves mm and see how far they can go with*

existing resources in terms of human resources mm while the pressures from outside for our side is also mounting so we are careful not to overburden our current service providers so its also a constant thing of looking for new service providers mm and share the'

Budlender et al (2009), commenting on the 2009/10 budgets for provinces, observe that all provinces rely heavily on the services of NPOs. This was also evidenced in this thesis, the DoSD is not itself involved in the physical delivery of ECD. Budlender et al (2009) write further that the budget for 2009/10 for NPOs has declined from 61% of the total social welfare programme budget in 2005/06, to 53% in 2009/10. They flag the Eastern Cape as one of the provinces where this is a worrying trend as funds are transferred from transfers and subsidies to NPOs to the filling of vacant posts. 'The penalizing of transfers and subsidies seems counter productive given that the Department relies on NPOs to provide many services and that NPOs often have more capacity and flexibility to expand their services to reach more children' (Budlender et al, 2009: p. 5).

In ECD, communities serve as both clients and essential coalition partners. As reflected on by the officials in the Eastern Cape and Western Cape, these relationships are not easy to manage and often require additional resources from the DoSD in the form of payment for training and payment of stipends.

The EC official noted that they often struggle with their relationships with communities.

Eastern Cape DoSD official: *'Next year one of the activities that we included in our plans is, the, you know we are really struggling in terms of our management committee, you have management committees who do not really know what they are supposed to be doing in those centres, you have management committees who think they are just there too you know intimidate and do all sorts of funny things to the ECD practitioners, so that is one of the activities that we have planned for 2009/10..... We really need to focus on capacitating our management committees and we are*

also looking at developing other ECD programmes we are saying okay we have this non-centre-based parenting programme and let us look at other ECD programmes could be your playgroups or your whatever and we have also included that for 2009/10'

Interviewer 2: *what exactly is a management committee, who sits on that committee*

Eastern Cape DoSD official: *'..... your management committees, your treasurer your know those committees those are community members people from the community who are supposed to run who are supposed to feed to government on the ECD sites but they are not really doing it'*

Interviewer 2: *'.....does every centre have a management committee?'*

Eastern Cape DoSD official: *yes*

The Western Cape sometimes had difficulties in forming coalitions with communities. The officials interviewed were fairly new to ECD and they suffered because of previous undertakings of the DoSD. For example, in a previous pilot project the DoSD had stopped paying the wages of outreach workers and only continued to pay the subsidy for the centre based ECD. As a result trust was distorted in the community..

Western Cape DoSD official 1: *'That's a very important thing because we found in some of the communities when everyone withdrew and then the external organizations [NPOs] wanted to come in and revive it didn't work because then the centre said we are in charge here, we want to have control over the money that is spent here, so we are very aware of that and we build the capacity of those centres management from the beginning, its part of the money that we pay for the outreach service'*

Western Cape DoSD official 2: *'And they must understand that it's not only a centre-based mm programme it's also the outreach link to the centre'*

The EPWP official in the Western Cape also reflected on communities. Organisations in communities also need money to keep their doors open, and often, because of limited resources they don't want to work together. For example, in the Wynberg area there are complementary organisations and services ranging from learning how to cook to placements in the hospitality industry. The DoSD suggested that they submit a joint proposal for funding to improve efficiency, it took three months and still no proposal was seen. Organisations are afraid they will get less money if they work collaboratively.

Relationships with EPWP officials are also central to the delivery of ECD. In the Eastern Cape, the EPWP official located at the Department of Public Works noted that EPWP played a coordination role in ECD under the EPWP social sector banner; the official had a wealth of knowledge around centre-based ECD; however the official noted that she could not speak to issues around non-centre based ECD and we should speak to the DoSD. They had challenges relating to this coordination role. The Department of Labour had very lengthy procurement procedures, as a result prospective candidates that EPWP had identified for gardening and cooking courses were no longer available once training eventually was set up. The EPWP did not coordinate training for community development workers:

Interviewer 2: *'And is your involvement in any training with perhaps community development workers or is it just specific to the centre?'*

Eastern Cape DoSD official: *'.....it's the practitioners who work at the centres so whether it be the cook, the gardener the teacher those are the people we look at training'*

In the Western Cape, the EPWP official also played a coordination role. This official was located in the same offices as the ECD officials of the provincial DoSD which facilitated teamwork. This official was knowledgeable and involved in all areas of ECD. The officials had very good working relationships. The EPWP official had started an ECD reference team around issues of training; it included the DoE; all training organizations, NGOs and FET colleges involved with training learners. The official also built relationships with the education sector education and training authority (SETA) in order to get all training providers properly accredited. This official noted that one of the main challenges experienced in delivering ECD in the Western Cape was the language barrier, learners who are Xhosa- speaking were at times being taught in English and materials were also being provided in English. Even though the EPWP official is reflecting on centre-based ECD, these coalitions and activities are all useful tools from which the non-centre-based ECD can leverage off.

Unicef is a key partner in the ECD sector in South Africa, and as shown, the Western Cape and Eastern Cape had very good working relationships with them.

This chapter highlighted the main challenges facing the DoSD in implementing non-centre based ECD. This was done by using the 5-C protocol as a conceptual framework.

Chapter 6

Conclusion and recommendations

6.1 Conclusion

This chapter will summarize the main findings using the 5-C protocol conceptual framework. Five recommendations based on the findings will also be made. This thesis found that contextual factors in the current service delivery environment and capacity constraints presented the most serious challenges for the implementation of home and community based ECD programmes.

The *content* of the NIP for ECD (2005) does not provide clear concise output measures for non centre-based ECD. DoSD officials are more aware of nationally guided targets for centre-based ECD and this thesis suggests that this is one of the reasons that centre-based ECD is allocated more spending than non centre-based ECD. Policy also does not provide a funding model or norms and standards for funding non centre-based ECD.

Because of the highly interdepartmental nature of the sector and the many different types of service providers delivering ECD programmes many *contextual* factors present challenges to implementing non centre-based ECD. Firstly, Barberton (2006) as cited by Budlender et al (2009:p.2) note that in 2006 government was only funding 25% of services in the Children's Act. Secondly, across provincial and local departments different norms and standards for ECD are being applied. Departments other than the DoSD also face their own human resource challenges and this impeded processes required for ECD delivery. There is also a shortage of supply of NPOs in the ECD sector to implement the DoSDs mandate in the NIP for ECD (2005). The Eastern Cape was reducing funding to NPO's which will have a detrimental impact.

The findings show that *capacity*, especially human and financial resources, were significant impediments to the implementation of non centre-based ECD. As shown in the Eastern Cape only one staff member was currently attempting to manage registration of services, but also had to monitor services as well as lobby local municipalities for

infrastructure assistance. Social workers at the district level are overburdened with work having to manage eight different social welfare programmes. *Commitment* as per Brynard (2000) requires not only willingness to implement a service, but also the ability to implement a service. The officials in the EC and WC recognized and reflected on the importance of reaching out to children not in centres, they showed a willingness to reach out to them through their work with Unicef and through building relationships with NPOs delivering the services. However their commitment is constrained by the inability to deliver services due to capacity constraints.

Regarding *clients and coalitions* a national structure for ECD has been set up and provincially both provinces belonged to an integrated provincial management forum / team, the WC noted they found these very useful. The WC experienced excellent relationships with NPOs however they noted that community and home-based service providers had their own resource constraints. Both the EC and WC had challenges when dealing with communities, the EC noted that management committees in charge of ECD programmes often did not know what they were doing and the WC said that they too needed to capacitate community members in order to fulfill their roles competently. This however will also cost time and money. The EPWP is a very useful partner at the DoSD to support scaling up of ECD, the funding they bring in to support ECD increases the budget overall, even if these funds were not being used to support non centre-based programmes.

6.2 Recommendations

Relating to content of policy this thesis recommends that a funding model and clear national targets for community and home based ECD need to be derived to drive implementation at provincial and local government level.

As shown there are no estimates available of the number of children being reached through community and home-based ECD. In order to address this data constraint it may be necessary to register all current community and home-based programmes to have a baseline assessment of what the current status of provision is as it could provide an

estimate of how many children are being reached. This would allow for better planning and funding and will support implementation in different contextual settings as context specific factors would be captured.

Another recommendation is that South Africa needs to develop an ECD evidence base to support the efficient provision of services. As Hill et al (2008:p.4)) write on developing countries, 'more context-specific ECD provision should be prioritized, based on participatory research and action. Here ECD is likely to form part of a spectrum of initiatives to improve child and family well being'.

Currently there is no consistency in job grading or salaries for community based development (CBD) workers, many of them work on a volunteer basis. There are also various inequities in stipends earned across provinces. This thesis argues that in order to improve capacity a job hierarchy and salary scales need to be developed for community and home-based ECD. Fortunately research is being done to develop a job hierarchy for ECD workers (Biersteker, 2008c). Currently DoE EPWP funding is used to train centre-based practitioners, engagement with the DoE and the EPWP, in consultation with NPOs who currently train CDWs, could assist in curriculum development and much needed training programmes and funding for CDWs. There is though a need to be cognizant of the notions of 'community work' and not simply seek to over professionalize workers which may essentially leave many prospective workers out of the system. This may contribute to the development of a special cadre of workers as required by the NIP for ECD (2005).

Funding is a major problem for community and home-based ECD, currently funding for centre-based ECD is prioritized over non centre-based ECD. The thesis does not see this as negative in general, means tested subsidies to centres are also a route to providing ECD services to vulnerable children aged 0-4. It does however mean though that children who are not able to access centres may never receive subsidized ECD services, this results in an inequity in the distribution of government resources and one of the goals of the NIP for ECD (2005) is to achieve equity. The WC official felt that earmarking funds

was useful for identifying and allocating funds. This thesis recommends that funds need to be earmarked for community and home-based ECD. This may ensure that all line budget money is not consistently used to meet national targets of registering centres. Currently NPOs have to determine based on their resources what stipends they are able to pay, government needs to consider factoring stipends and salaries into provincial programme budgets.

As shown funding to the ECD sector is not only provided through government, there are donors, private firms, private individuals and others that provide support for specific programmes. As a result funding to the sector is fragmented. This thesis argues that this will result in inequitable and inefficient outcomes for children. This thesis recommends that all major funders make an attempt to come to an agreement on a funding model and on a funding instrument, for example a subsidy, and agree on the value of that amount so that there is some consistency in the sector as well as equity in provision. Regular meetings amongst role players can also provide a platform for monitoring the sector as a whole. This would also provide an opportunity to strategically map out the sector so that duplication does not occur; areas that are not being covered can also be identified and a system of ECD accounts to monitor inflows and outflows of funds can be set up.

On a positive note I received a personal communication from Linda Biersteker (personal communication, 11th January 2010) in her capacity as part of a working group on the development of a community and home-based ECD subsidy, informing me that at present research is being conducted in order to inform the development of 'a proposal as to how government (and the provincial departments of social development in particular) might frame a bid to provide subsidies to these providers [community and home-based ECD]'.

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Appendix 1

HSRC STUDY ON IMPLEMENTATION OF THE EARLY CHILDHOOD DEVELOPMENT EXPANDED PUBLIC WORKS PROGRAMME INITIATIVE

INTERVIEW SCHEDULE

1. Please describe your department's **role** in implementation of the Early Childhood Development (ECD) Expanded Public Works Programme (EPWP) initiative as set out in the Social Sector Plan.
2. What were your department's **activities** in relation to the ECD EPWP scaling up initiative in the financial years 2007/08 and 2008/09?
3. What were your department's ECD activities **outside** of the ECD EPWP initiative in 2007/08 and 2008/09? Please include a description of non-centre-based support activities.
4. What is your department's budget allocation for the ECD EPWP initiative in 2008/09?
 - 4.1 How does the 2008/09 budget compare with that for 2007/08?
 - 4.2 Is there a difference between the budget allocated for and spent in 2007/08?

Please can we fill out Table 1 together? This table summarizes your department's budgets for the ECD EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09.

5. What is your department's budget allocation for ECD activities for children age 0–4 years **outside** of the EPWP in 2008/09?

5.1 How does the 2008/09 budget compare with that for 2007/08?

5.2 Is there a difference between the budget allocated and spent in 2007/08?

5.3 Is this inclusive of spending on non-centre-based early childhood development such as support for parenting programmes of community playgroups etc.? If yes, what proportion of the total is for non-centre-based interventions?

Please can we fill out Table 2 together? This table summarizes your department's budgets for ECD 0–4 years outside of the EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09.

6. Please describe the primary factors determining the size of the allocation awarded to your department for ECD 0–4 years?

6.1 What factors are affecting the relative priority afforded providing funding for non-centre-based versus centre-based care?

7. **This question is only for officials from the Department of Social Development.** Please could you provide us with information for December 2007 and November 2008 on the:

7.1 Number of centres registered with the Department of Social Development

7.2 Number of children receiving the Department of Social Development subsidy

7.3 Value of the subsidy.

Can we fill out Table 3 together? This table summarizes information on the Department of Social Development subsidy for the years 2007/08 and the Medium Term Expenditure Period 2008/09.

8. What are your department's primary **achievements** in relation to implementation of the ECD EPWP initiative and expanding access to ECD 0–4 years more broadly?
9. What are the main **challenges** that your department is experiencing in implementation of the ECD EPWP initiative and expanding access to ECD 0–4 years more broadly, including for non-centre-based care?

10. What are your **planned activities** and targets for the up-coming year for implementation of the EPWP ECD initiative and ECD 0–4 years more broadly?

11. What are your **recommendations** for enhancing implementation of the ECD EPWP initiative? And ECD more broadly, including non-centre-based provisioning?

Table 1: Budgets for the ECD EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Exp. to date	Allocation	Allocation
Western Cape						
Social Development						
Education						
Eastern Cape						
Social Development						
Education						

Table 2: Budgets for the ECD 0–4 years outside of the EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Exp. to date	Allocation	Allocation
Western Cape						
Social Development						
Education						
Eastern Cape						
Social Development						
Education						

Table 3: Department of Social Development subsidy for the years 2007/08 and the Medium Term Expenditure Period 2008/09

Province	Subsidy value			Number of centres registered			Number of children subsidized		
	2007 (Dec)	2008 (Nov)	2009 (April)	2007 (Dec)	2008 (Nov)	2009 (April)	2007 (Dec)	2008 (Nov)	2009 (April)
Western Cape									
Eastern Cape									

Appendix 2: Eastern Cape budget data as received from Eastern Cape official at the Department of Social Development

Table 1: Budgets for the ECD EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Exp. to date	Allocation	Allocation
Western Cape						
Social Development						
Education						
Eastern Cape						
Social Development	R78 330 000	-	R87 700 529	R81 335 204	R83 221 906	
Education						

Table 2: Budgets for the ECD 0-4 years outside of the EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Exp. to date	Allocation	Allocation
Western Cape						
Social Development						
Education						
Eastern Cape						
Social Development	-	-	R4 754 579	R4 142 611	R881 500	
Education						

Table 3: Department of Social Development subsidy for the years 2007/08 and the Medium Term Expenditure Period 2008/09

Province	Subsidy value			Number of centres registered			Number of children subsidized		
	2007 (Dec)	2008 (Nov)	2009 (April)	2007 (Dec)	2008 (Nov)	2009 (April)	2007 (Dec)	2008 (Nov)	2009 (April)
Western Cape									
Eastern Cape		R12 per child per day	R12 per child per day	37	121		71 215	72 800	

Appendix 3: WC budget data as received from Western Cape official at the Department of Social Development

Table 1: Budgets for the ECD EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Exp. to 31 March 09	Allocation	Allocation
Western Cape						
Social Development	R31 020,000	R31 020,000	R61 024,000	R61 024,000	R74 551,000	R87 524,000
Education						
Eastern Cape						
Social Development						
Education						

Table 2: Budgets for the ECD 0-4 years outside of the EPWP scaling up initiative in 2007/08 and the Medium Term Expenditure Period 2008/09

Department	2007/08		2008/09		2009/10	2010/11
	Allocation	Expenditure	Allocation	Exp. to date	Allocation	Allocation
Western Cape						
Social Development	R60 000,000	R60 000,000	R73 569,000.	R73 569,000	R83 624,849	R87 806,000
Education						
Eastern Cape						
Education						

Table 3: Department of Social Development subsidy for the years 2007/08 and the Medium Term Expenditure Period 2008/09

Province	Subsidy value			Number of centres registered			Number of children subsidized		
	2007 (Dec)	2008 (Nov)	2009 (April)	2007 (Dec)	2008 (Nov)	2009 (April)	2007 (Dec)	2008 (Nov)	2009 (April)
Western Cape	R7.50 per day per child	R9.00 per day per child	R9.00 per day per child	841	893	905	45713# (60951)	47519 (63358)	55399 (65175)
Eastern Cape									

Note;

The figures in brackets reflect the registered totals. For Dec 07 and Nov 08 the subsidised totals reflects a 75% of registered total. During April 08 we changed the sliding scale, which led to a growth in increase in funded totals to a 85% of the registered total

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